

PO6000157544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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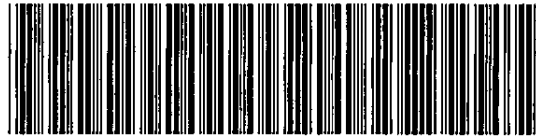
(Business Entity Name)

(Document Number)

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6/18/07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ardon Auto Tires  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6000157544

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael May  
(Name of Contact Person)

Ardon Auto Tires  
(Firm/Company)

645 North Federal Hwy  
(Address)

Fort Lauderdale, FL 33304  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael May at Cell # 954 954-7644777  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2007

LUIS S ARDON  
645 N FEDERAL HWY  
FT LAUDERDALE, FL 33304

SUBJECT: BRAKEMASTER ROADS AUTO CENTER, INC.  
Ref. Number: P06000157544

We have received your document for BRAKEMASTER ROADS AUTO CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in is not correct. This is a Florida corporation not a Alien business. I am sending you the correct documents to file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 707A00036803

RECEIVED  
07 JUN 18 AM 8:00  
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Ardon Auto Tires
- 2. The principal office address: 645 North Federal Hwy  
Fort Lauderdale, FL 33304
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/18/2006 Document number: 906000157544

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Charles Clinck  
1525 SE 10th STREET  
Fort Lauderdale, FL 33314

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Michael May  
361 NE 41st STREET  
(P.O. Box NOT acceptable)  
Oakland Park, FL 33331

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Luis S. Ardon  
(Signature of an officer or director)

Luis S. Ardon, President  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

6/13/07  
(Date)

If signing on behalf of an entity:  
Michael May  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*