

PD 70000057221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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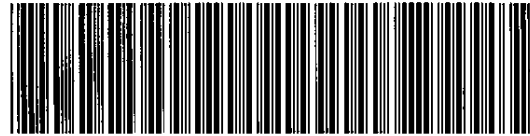
(Business Entity Name)

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FLORIDA

shareholder action was not required.

Signed this 13th day of August, 2010.

x 
Signature (By the Chairman or Vice Chairman of the Board
Of Directors, President or other officer if adopted by the Shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

GUSTAVO PÉL ZAUZAL
Typed or printed name

President/Director
Title


**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 to 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Corporation is: **AJV COLLISION SPECIALIST, III., a Florida corporation,**
2. The name and address of the registered agent and office is:

GUSTAVO PÉL ZAUZAL
2185 N.W. 27 Avenue
Miami, FL 33142

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature

8/13/10
Date