Florida Department of State

Division of Corporations Public Access System

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Division of Corporations Fax Number

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Account Name

: ROTHSTEIN, ROSENFELDT, ADLER

Account Number : 072164000350

Phone

: (954)522-3456

Fax Number

: (954)527-8663

REGISTERED AGENT CHANGE

AUTONETWORKAPPROVALS.COM, INC.

Certificate of Status	1
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Estimated Charge	\$43.75

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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: AUTONETWORKAPPROVALS.COM, INC.	
2. The principal office address: 7037 N.W. 68TH DRIVE, PARKLAND, FL 33067	
3. The mailing address (if different):	
4. Date of incorporation/qualification: JULY 24, 2007 Document number: P070(10083597) S	2
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	g n
RUSSELL M. ROBBINS ESQ.	ח
9690 WEST SAMPLE ROAD, SUITE 103	
CORAL SPRINGS, FL 33065-4046	;
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
ADAM STEINBERG, ESQ.	
401 EAST LAS OLAS BLVD., SUITE 1650	
(P.O. Box NOT acceptable)	
FT. LAUDERDALE, FL 33301	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	agent,
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.	
DOUGLAS DANIEL, DIRECTOR	
(Agrature of the officer or director) (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 perfor of my duties, that I am familiar with and accept the obligation of my position as registered agent. Or, document is peing filed merely to reflect a change in the registered office address, I hereby confirm th corporation has been notified in writing of this change.	mance if this at the
9/4/08	
(Significate of Registered Agent) (Dale) If signing on behalf of an entity:	
(Typed or Printed Name)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATI.

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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