P07000094381

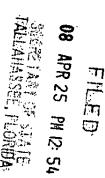
(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·		
(Address)				
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(City	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJI	ECT: M'S TRUCK PARTS, INC.	Corporation)		
DOCU	JMENT NUMBER: P07000094381			
The en	closed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.		
	return all correspondence concerning this matte	_		
	JUAN M CRUZ			
	(Name of Co	ontact Person)		
M'S TRUCK PARTS, INC.				
(Firm/Company)				
12975 W OKEECHOBEE ROAD BAY # 1 & 2 (Address)				
	HIALEAH GARDENS, FL 33018	nd Zip Code)		
For fur	ther information concerning this matter, please	•		
JUAN	M CRUZ (Name of Contact Person)	at (786) 251-1087 (Area Code & Daytime Telephone Number)		
Enclose	ed is a \$35.00 check made payable to the Depar	tment 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		

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

		, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of FLORIDA
in order	r to change its registered office	or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: M'S TRUCK PA	ARTS, INC.
	office address: 12975 W OKEE ARDENS, FL 33018	CHOBEE ROAD, BAY # 1 & 2
3. The mailing ac	ddress (if different):	
4. Date of incorp	oration/qualification: 08/22/20	007 Document number: P07000094381
5. The name and Florida Depart		gistered agent and registered office on file with the
	MIGUEL BLANCO	
	12975 W OKEECHOBE	E ROAD BAY # 1 & 2
	HIALEAH GARDENS, FL	
6. The name and (if changed):	ered agent (if changed) and /or registered office	
	JUAN M CRUZ	to the second se
	12975 W OKEECHOBEI	E ROAD BAY 1 & 2
	(P.O. Box NOT	Tacceptable)
	HIALEAH GARDENS, FI	L 33018
The street addres as changed will l	ss of its registered office and the identical.	he street address of the business office of its registered agent,
Such change was authorized by the	s authorized by resolution duly e board or the corporation has	y adopted by its board of directors or by an officer so seen notified in writing of the change.
/N:	e of an other or director)	JUAN M CRUZ PRESIDENT
	•	(Printed or typed name and title) agent and agree to act in this capacity. f all statutes relative to the proper and complete performance t the obligation of my position as registered agent. Or, if this nge in the registered office address, I hereby confirm that the change.
		04/23/2008
_	nature of Regal fed Agent)	(Date)
If signing on beh	air of an entity:	
(Ty	ped or Printed Name)	_

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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