

PO7000099481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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R.A.

TB

DEC 15 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2009

MICHAEL PEPE  
AXIS AUTO TRANSPORT, INC.  
8602 BRIDLE PATH CT  
DAVIE, FL 33328

SUBJECT: AXIS AUTO TRANSPORT, INC.  
Ref. Number: P07000099481

We have received your document for AXIS AUTO TRANSPORT, 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 registered agent must sign this document.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 809A00034986

ATTN: TERESA BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Axis Auto Transport INC.  
Name of Corporation

**DOCUMENT NUMBER:** P07000099481

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 PEPE  
Name of Contact Person

Axis Auto Transport  
Firm/Company

2565 GARDEN CT  
Address

HOLLYWOOD FL 33026  
City/State and Zip Code

MPEPE48@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL PEPE at (954) 297 3720  
Name of Contact Person Area Code & Daytime Telephone Number

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

REC  
09 DEC 14 AM 8:00  
TREASURY OF STATE  
TALLHASSEE, FLORIDA  
CR2E045 (8/05)

**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**

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AXIS AUTO TRANSPORT
- 2. The principal office address: 2565 GARDEN CT  
HOLLYWOOD FL 33026
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9/6/07 Document number: P07000099481

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PAUL CHAIET  
3201 GRIFFIN RD #204  
FT. LAUDERDALE FL 33312

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

→ PAUL CHAIET  
2900 GRIFFIN RD. # 4  
FT. LAUDERDALE FL 33312

P.O. Box NOT acceptable

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

[Signature]  
Signature of an officer or director

MICHAEL PEPE VP  
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

12/8/09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)