P08000005690

(Requestor's Name)						
(Address)	_					
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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SCURFIARY OF STATE
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Rocente JAN 21 (200)

COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJI	ECT:	Auto Sic Name of	h, Inc. Corporation				
DOCU	JMENT NUMBER:	P0	8000005690				
The en	closed Statement of Change	of Registered Off	ice/Agent and fee are sub	mitted for filing.			
Please	return all correspondence co	oncerning this mat	ter to the following:	•			
	·	_	_				
		lvan S Name of C	Sichenko ontact Person				
		Auto S	Sich, Inc.				
	 		Company				
			Parkway unit 228				
		Ac	ldress				
	Jacksonville, FL 32246 City/State and Zip Code						
			.				
	E-mail addres	kaverin.ivan s: (to be used for	@gmail.com future annual report no	tification)			
				,			
For fur	ther information concerning	this matter, please	call:				
	Ivan Sicheni		at (904)	7429254			
	Name of Contact Pe	erson	Area Code & Day	7429254 ytime Telephone Number			
Enclose	ed is a \$35.00 check made p	ayable to the Depa	ertment of State.				
	Division of P.O. Box	ent Section of Corporations	Clifton Build	Section Corporations			

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Flo ed under the laws of the Stat d agent, or both, in the State	e of Florida	
1. The name of t	he corporation: Auto	Sich, Inc.			
2. The principal	office address: 10435	Midtown Parkw	ay unit 228 Jacksonvil	lle, Florida 32246	
3. The mailing a	ddress (if different): 10	435 Midtown P	arkway unit 228 Jacks	onville, Florida 32246	
4. Date of incorp	oration/qualification:	01/16/08	Document number:	P08000005690	
	I street address of the cur tment of State: (If resign LVAV SIC NA 6920 Pickettville R	ed enter resigned)		le with the	
				10 JAN	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office 10435 Midtown Parkway unit 228 Jacksonville, Florida 32246				
		P.O. Box NOT a	cceptable	— DF1	
The street addre	ess of its registered office be identical.	e and the street ad	dress of the business office	e of its registered agent,	
Such change wa authorized by th	as authorized by resoluti ne board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or lied in writing of the chang	by an officer so e.	
Signatur	e of an officer or director		Ivan Sich	nenko e and title	
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as reg o comply with the provi d I am familiar with and ng filed merely to reflec been notified in writing	istered agent and a sions of all statute d accept the obliga t a change in the r g of this change.	agree to act in this capacity is relative to the proper an ation of my position as regi registered office address, I	v. d complete performance istered agent. Or, if this hereby confirm that the	
Signature of Registered Agent			1/14/20	010	
If signing on bel	5 5		174tv		
Ту	ped or Printed Name				

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