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T. Roberts FEB 1/9, 2009





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2009

ROBERT BAUMAN THE ORIGINAL MAD MODS INC 1306 SOUTH DIXIE HWY POMPANO BEACH, FL 33060

SUBJECT: ACCIDENTAL AUTO BODY INC

Ref. Number: P08000063912

We have received your document for ACCIDENTAL AUTO BODY 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 609A00004292

THE ORIGINAL MAD MODS

1306 south Dixie highway Pompano beach, Florida, 33060 Phone (954) 785-7267 Fax (954) 785-7268 Madmods001@aol.com

February 16, 2009

Tina Roberts
Division of corporations
p.o. box 6327
Tallahassee, fl, 32314

To whom it may concern,

I have adjusted and returned requested document, ref # p08000063912 You can contact us at the office at (954) 785-7267 or (954) 260-6375 cell

Sincerely,

Robert Bauman

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: ACC; DENTAL AUTO BOOY, INC. (Name of Corporation)			
DOCUMENT NUMBER: POSOOO63912			
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:			
ROBERT BRUMAN (Name of Contact Person)			
THE ORIGINAL MAD MODS INC (Firm/Company)			
1306 SOUTH DIXIE HWY (Address)			
POMPANO BEACH, FL 33060 (City/State and Zip Code)			
For further information concerning this matter, please call:			
ROBERT BAUMAN at (954) 785 - 7267 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

• 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: ACCIDENTAL AUTO BODY INC
2. The principal office address: 1306 SOUTH DIXIE HWY,
POMPANO BEACH, FL 33060
3. The mailing address (if different):
4. Date of incorporation/qualification: JULY 2008 Document number: P0800063912
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) JOHN. A. VIESTA 825 83TH DEVE
JOHN A. VIESTA
825 83TH DRIVE 5 9
VELO BEACH FL 32966 6. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
THE ORIGINAL MAD MODS, INC
1306 SOUTH DIXIE HWY (P.O. Box NOT acceptable)
POMPANO BEACH, FL 33060
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 of an officer or director) John A Viesta prest (Printed or typed name and inde)
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.
Meth Scare O1-22-09 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed 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 * * *