

POSDD11583

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(Business Entity Name)

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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AUTO KONTROL USA INC
Name of Corporation

DOCUMENT NUMBER: P08000111583

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:

Sharon Leggat
Name of Contact Person

Autokontrol USA Inc
Firm/Company

4370 S. Tamiami Trail
Address

Sarasota FL 34231
City/State and Zip Code

info@autokontrolusa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Leggat at (941) 554-8704
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
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Autokontrol USA, Inc
2. The principal office address: 4370 S. Tamiami Trail, Suite 321
Sarasota FL 34231
3. The mailing address (if different): same
4. Date of incorporation/qualification: 12/30/08 Document number: P08000111583

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)

NH Business Services, Inc
2070 Ringling Blvd
Sarasota FL 34237

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

Lynn Kuiken P.L.
4370 S. Tamiami Trail, Suite
P.O. Box NOT acceptable
Sarasota FL 34231

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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.

Sharon Leggat
Signature of an officer or director

Sharon Leggat Sec.
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.

Lynn Kuiken
Signature of Registered Agent

2/20/15
Date

If signing on behalf of an entity:

Lynn Kuiken, PL, CPA
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