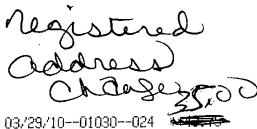
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(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Buy Here Pay Here Auto Sales Inc. Name of Corporation			
DOCUMENT NUMBER: P0900001037			
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:			
Philip C. Martin Name of Contact Person			
Buy Here Pay Here Auto Sales Inc Firm/Company			
751 S. US Hwy 17-92 Address			
Longwood FC 32757) City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Philip C. Martin at (407) 388-0280 Name of Contact Person Area Code & Daytime Telephone Number			
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 Street Address: Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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: Buy Here Pay Here Auto Sales Inc.
$\mathcal{L}_{\mathbf{r}}$
2. The principal office address: 75 (S.LB. Hwy 17-92
Longwood F1 32750
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 1509 Document number: P0900001037
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)
2 Philip C. Martin
1576 Oak LN
Casselberry, FL 32707 費量可
Casselberry, FL 32707 6. The name and street address of the new registered agent (if changed) and /or registered offices a constraint of the constraint of
Philip C. martin
751 S US HWY 17-92 37 2
Longwood FL 32730
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.
Partia C Marko
Signature of an officer or director 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.
3/25/10
Signature of Registered Agent Date
If signing on behalf of an entity:
Philip C. Martin Typed or Printed Name

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

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