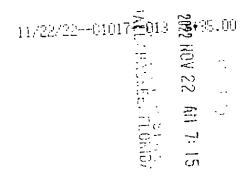
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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Tire Discounters of Florida Inc Name of Corporation		
wante of Corporation		
DOCUMENT NUMBER: P09000005353		
The enclosed Statement of Change of Registered Offic	ce/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Larry Zeeman		
Name of Contact Person		
Tire Discounters of Florida		
Firm/Company		
1308 Tamiami Trail		
Address		
Punta Gorda, FL 33950		
City/State and Zip Code		
jandlzeeman@gmail.com		
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	call:	
Larry Zeeman	at (941)639-4954 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.	
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statt ange is submitted for a corporation organized under the laws of the State of <mark>Flori</mark> er to change its registered office or registered agent, or both, in the State of Flori	da	:
1. The name of	the corporation: Tire Discounters of Florida Inc		
2. The principal	office address: 1308 Tamiami Trail Punta Gorda, Fl. 33950		
3. The mailing a	address (if different): Same as above		
4. Date of incor	poration/qualification: 01/19/2009 Document number: P0900000535	3	
	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	he	
	J David Campbell		
	Campbells Enrolled Agents	īĶi	20:
	405 Tamiami Trail Punta Gorda, FL 33950		AON 8808
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	MILMUSSEE FLORIC	W 22 MH
	Larry Zeeman	7. is	<u></u>
	1308 Tamiami Trail	761	<u></u>
	P.O. Box NOT acceptable Punta Gorda FL 33950		
The street addr as changed wil	ess of its registered office and the street address of the business office of its re l be identical.	gistered	l agent,
	as authorized by resolution duly adopted by its board of directors or by an office board of the corporation has been notified in writing of the change.		
	Mous LL ZEE MAN		
Signal	he of positifier or director Printed or typed name and title		
I fruttion among	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comple nd I am familiar with and accept the obligation of my position as registered ag ing filed merely to reflect a change in the registered office address, I hereby c is been political in writing of this change.	te perfo zent. Oi onfirm i	rmance r, if this that the
	epiture of Registered Agent Date		
′/	chalf of an entity:		
Larry Zeeman			
	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