

PD9000005790

(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:

*Sent wrong
Form to Change OFFICERS
Change RA only.*

*2-11-13
RJ*

Office Use Only



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02/07/13--01005--033 **35.00

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13 FEB -8 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*RA
Change*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AFFORDABLE AUTO & TRUCK RENTALS INC
Name of Corporation

DOCUMENT NUMBER: P09000005790

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:

BARBARA POUST

Name of Contact Person

AFFOERDABLE AUTO & TRUCK RENTAL INC

Firm/Company

1675 S SUNCOAST BLVD

Address

HOMOSASSA, FL. 344468

City/State and Zip Code

bpaffordable@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA POUST

Name of Contact Person

at (**7352**) **563-1902**

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: AFFORDABLE AUTO & TRUCK RENTAL INC
2. The principal office address: 1675 S SUNCOAST BLVD
HOMOSASSA FL 34448
3. The mailing address (if different): P.O. BOX 1346
HOMOSASSA SPRINGS FL 34447
4. Date of incorporation/qualification: 01-20-2009 Document number: P09000005790
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)

THE LAW OFFICES OF NICK SPARADIN PLLC 12000 N DALE MABRY HWY SUITE 110 TAMPA FL 33618

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

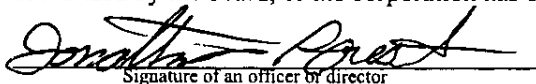
BARBARA POUST 1675 S SUNCOAST BLVD HOMOSASSA FL 344478 (NEW AGENT)

P.O. Box NOT acceptable

FILED
13 FEB -8 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

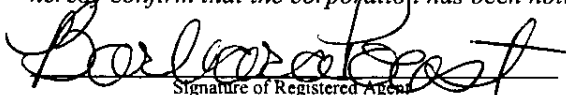
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Jonathan Poust Pres,
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.


Signature of Registered Agent

2-5-13
Date

If signing on behalf of an entity:

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

CR2E045 (03/12)