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SECRETARY OF STATE TALL AHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: World Auto mell Name of Corporation
DOCUMENT NUMBER: \$ 0 900 004 3 814
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:
Name of Contact Person
World Auto mall Inc. Firm/Company
Address Aue.
Hallandele, FL 33009 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (786) 419-0325  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

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 sectio statement of change is submitted for in order to change its regi.	r a corporation o	rganized under	r the laws o	f the State of	FL	
1. The name of the corporation:	World	Auto	mal	Inc-		
2. The principal office address:	211	N.W.	544	Avenue		
	Hallando	ile, F		33009		
3. The mailing address (if different)	):	<u> </u>			·	
4. Date of incorporation/qualification	on: <u>5/18/</u> 0	09Doc	cument num	nber: PC	9000043	814
5. The name and street address of the Florida Department of State: (If r	esigned, enter res	signed)	J		the	
Spice	7el + 4	trera.	P.A.			
1840	SW 221	d st	4th 1	Floor	70	
Mia	gel + 4- SW 22n mi, F	L 331	45	-	2009 OCT SECRET	T
6. The name and street address of the (if changed):						1
	David	4 A(	99		FLOO STA	ξ
<del>.</del>	<del>}</del> ↓ P,O Bo	NOT acceptable	54	AVENUE  33009  ess office of its	28 RHOA	
<del>.</del>	Halla	adele,	FL	33009		
The street address of its registered as changed will be identical.	office and the st	reet address o	of the busin	ess office of its	registered agent	,
Such change was authorized by re authorized by the board, or the con	solution duly address bear to be a solution has bear to be a solution has bear to be a solution and the solution and the solution and the solution are solution and the solution are solution as the solution are solution and the solution are solution as the solution are solution as the solution are solution are solution as the solution are sol	opted by its bo en notified in v	oard of dire writing of t	ectors or by an o	officer so	
Signature of an articer or director				A(99 and fill	President	
I hereby accept the appointment a I further agree to comply with the of my duties, and I am familiar wi document is being filed merely to corporation has been notified in w	provisions of all th and accept the reflect a change	statutes retat obligation of in the register	o act in this ive to the p f my position red office a	s capacity, roper and comp on as registered ddress, I hereby	plete performanc agent. Or, if thi v confirm that th	re is e
			Jo	Date		
Signature of Registered Ager	n1			Date		
If signing on behalf of an entity:						
Typed or Printed Name	1					
	* * * FILING	G FEE: \$35.0	0 * * *			

Make checks payable to Florida Department of State

Mail to: Division of Corporations, P.O. Box 6327, Tallaliassee, FL 32314

CR2E045 (8/05)

Appleare Change the adress from 2425 pembruka Road