P09000058228

(F	Requestor's Name)			
(A	Address)			
(A	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(E	Business Entity Name)			
(Document Number)				
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1BYULA 6-8-11

COVER LETTER

Division of Cor	porations		
SUBJECT:	LA 32 AUTO R	EPAIR, INC	
DOCUMENT NUMBI	er: <u>P09</u>	0000058228	
	of Change of Registered Offi	•	itted for filing.
Please return all corresp	ondence concerning this matte	er to the following:	
·	JOSE S	SUAREZ ontact Person	
	Name of Co	ontact Person	•
	/\//.	Company	
	F 11111/C	опрану	
		32ND AVE	
	Ad	dress	
	MIAMI,	FL 33135 and Zip Code	
	Chy/State a	and 2.1p Code	
— <u>— — — — — — — — — — — — — — — — — — </u>	kgtaxes1@	terra.com	Gastina)
C-II	ail address: (to be used for	iuture annuai report noti	rication)
For further information	concerning this matter, please	call:	
Jo	se Suarez	at (305)	3053894
Name of	Contact Person	at (<u>305</u>) Area Code & Dayti	me Telephone Number
Enclosed is a \$35.00 ch	eck made payable to the Depa	rtment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment So Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng e Center Circle

TO:

::.

Amendment Section

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

statement of cha	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this change is submitted for a corporation organized under the laws of the State of the State of the State of florida.	
1. The name of t	f the corporation: la 32 Auto Repair, inc	
2. The principal	al office address: 1101 SW 32nd Ave Miami, FL 33135	
3. The mailing a	address (if different): same as above	
4. Date of incorp	prporation/qualification: 07/08/2009 Document number: P09000058228	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	~
	Jose Suarez 8520 SW 149 Ave Apt-1016	
	Miami, FL 33193	الم الم
	hell the	3/
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	and a
	Yoelvys De La Paz Damas KARINA RODRIGUE Commission # DD 80	z ₂₄₈₁)
	##: ### · :	3 600-365-7019 -
The street addre	ress of its registered office and the street address of the business office of its registered agent. Il be identical.	
Such change wa authorized by th	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
YOEluis Q	Or Ly (Ac ture of an officer of director Printed or is ped name and title	
I further agree to of my duties, an document is bei	of the appointment as registered agent and agree to act in this capacity, is to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.	y y
YOELUK (ignature of Registered Agent 5/24/// Date	
If signing on be	pehalf of an entity:	
Yoelvis	S Deha Pato Typed or Printed Name KARINA RODRIGUE Commission # DD 86248 Expires May 25, 2013 Bonded Tru Troy Fan Insurance 8003	U
	* * * FILING FEE: \$35.00 * * *	z-Min-cr