

P09000062571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

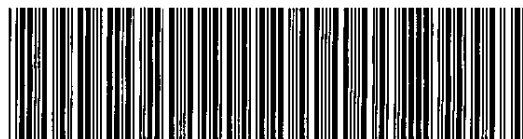
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TALLAHASSEE, FLORIDA

To Change  
8/27/09  
De

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 24 Hour Automotive, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P09000062571

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:

Michael D Richardson  
Name of Contact Person

24 Hour Automotive, Inc  
Firm/Company

8025 Valmy Ln  
Address

Port Richey, FL 34668  
City/State and Zip Code

mdr4848@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael D Richardson at ( 813 ) 403-3779  
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  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 24 Hour Automotive, Inc.  
2. The principal office address: 11721 US Highway 19, Building F, Port Richey, FL 34668

3. The mailing address (if different): 8025 Valmy Ln , Port Richey, FL 34668

4. Date of incorporation/qualification: 7/23/2009 Document number: P09000062571

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)

Michael D Richardson

8025 VALMY LANE

PORT RICHEY, FL 34668

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

Michael D Richardson

11721 US Highway 19, Building F

P.O. Box NOT acceptable

Port Richey, FL 34668

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

Michael D Richardson  
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

8/20/2009  
Date

If signing on behalf of an entity:

Michael D Richardson  
Typed or Printed Name

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