

P09000062571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

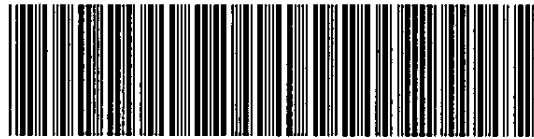
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Chang

09-15-09

DL

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

11721 US Highway 19,
Address

Building F, 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

CR2B045 (8/03)

**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

11721 US Highway 19

Building F, 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

11715 Us Hwy 19

P.O. Box NOT acceptable

Port Richey, FL 34668

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, President

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

Michael D Richardson, 9/3/2009

Date

If signing on behalf of an entity:

Michael D Richardson

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 (8/05)

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TALLAHASSEE, FLORIDA