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COVER LETTER

tive (enter, Inc.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

Division of Corporations

TO:

DOCUMENT NUMBER: <u>P09 000066431</u>
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:
Bret Jones Esquire Name of Contact Person
Bret Jones PA
700 Almond Street
Clermont FL 34711_City/State and Zip Code
E-mail address: (to be used for future amoual report notification)
For further information concerning this matter, please call:
Bret Jones Esquire at (352) 394-4025 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person C Area Code & Daytime Telephone Tumber

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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 <u>Florida</u>
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Minneola Automotive Center, Inc.
2. The principal office address: 115 West Fear Street
Minneola, FL 34715
3. The mailing address (if different): <u>Same</u>
,
4. Date of incorporation/qualification: 08.05.2009 Document number: P09000066431
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)
Brad Kapraun = = = = =
115 West Pearl Street Sta T
Minneola, FL 34715
Tio.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Bret Jones, PA
700 Almond Street
P.O. Box NOT acceptable
<u>Clermont</u> , <u>FL 34/11</u>
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 comporation has been notified in writing of the change.
Alan Buford Vice Presider
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
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.
Signaturo of Registered Agent October 31, 2018
If signing on behalf of an entity:
Bret Jones PA Typed or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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