

P090000084537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

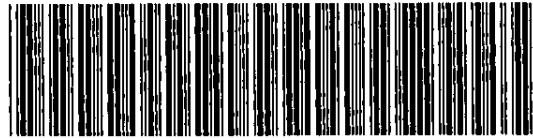
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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OCT 10 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New and Used Wholesale Tires Inc.
Name of Corporation

DOCUMENT NUMBER: P09000084537

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:

Randy Rosa, Esq.

Name of Contact Person

Goldman & Rosa, P.A.

Firm/Company

1000 SEMINOLE DR., STE. 500

Address

FT. LAUDERDALE, 33304

City/State and Zip Code

wally@nutire.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wally Hawa

Name of Contact Person

at (561) 844-4821

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: New and Used Wholesale Tires Inc.
2. The principal office address: 1200 West 15 Street
Riviera Beach, Florida 33404
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/13/2009 Document number: P09000084537
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)

Hawa, Waleed
7822 Long Cove Way
Port St. Lucie, FL 33404

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

Goldman & Rosa, P.A.
1000 SEMINOLE DR., STE. 500
P.O. Box NOT acceptable
FT. LAUDERDALE, FL 33304

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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

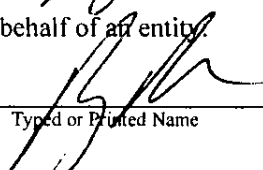
Printed or typed name and title

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

10/5/12
Date

If signing on behalf of an entity:

 Randy Rosa, Esq.
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