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COVER LETTER

TO: Amendment Section Division of Corporations

NEW AND USED WHOLESALE TIRES INC.

Name of Corporation

POGUMENT NUMBER, P09000084

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

320 Southeast 18th Street

Address

Fort Lauderdale, Florida 33316

City/State and Zip Code

randy@goldmanrosa.com

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

For further information concerning this matter, please call:

Randy Rosa

.954

565-4311

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
		SED WHOLESALE TIRES INC.
2. The principal	office address: 1200 WEST 1	15 STREET, RIVIERA BEACH, FL 33404
3. The mailing a	ddress (if different): 1200 WES	ST 15 STREET, RIVIERA BEACH, FL 33404
4. Date of incorp	poration/qualification: 10/13/20	009
	I street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office on file with the esigned)
	HAWA, WALEED	
1200 WEST 15TH STREET		EET
	RIVIERA BEACH, FL 33	3404
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered Tice
	Goldman & Rosa, P.A.	
	320 Southeast 18th Stre	
	Fort Lauderdale, Florida	oc NOT acceptante
The street addreas changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent.
Such change wa authorized by th	is authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.
Signatur	re of an officer or director	Printed or typed name and title
Lhereby accept	the appointment as registered age	ent and agree to act in this capacity. It statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.
		11-6-19
	nature of Registered Agent	Date
it signing on bel	half of an entity:	
Ту	rped 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 * * *

CR2E045 (03/12)