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EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE : 728779

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: March 31, 2011

ORDER TIME : 9:37 AM

ORDER NO. : 728779-020

CUSTOMER NO: 7826886

CHANGE OF AGENT

NAME: ALLIANCE AUTO TRANSPORT INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER: ___

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORAȚIONS 4

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.
	f the corporation: ALLIANCE AUTO TRANSPORT INC.
	al office address: 3155 North Andrews Avenue Ext., Pompano Beach, FL 33064
3. The mailing	address (if different):
4. Date of incor	proporation/qualification: 10/20/2009 Document number: P09000086599
	nd street address of the current registered agent and registered office on file with the artment of State:
	Massaro, Pamela
	1571 West Copans Road, Suite 101
	Pompano Beach, FL 33064
6. The name and (if changed):	Corporation Service Company 1201 Hays Street (P.O. Box NOT acceptable) Tallahassee, FL 32301
	1201 Hays Street
	(P.O. Box NOF acceptable)
	Tallahassee, FL 32301
The street address changed will	ress of its registered office and the street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Par	Pamela Massaro, President
•	ture of an officer or director) (Printed or typed name and title)
l hereby accept l further agree t of my duties, an dociment is bei corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. I hereby confirm that the s been notified in writing of this change.
Comoratio	ion Service Company
(Sig	ignature of Registered Agent) (Date)
If signing on be	ehalf of an entity:
Sylvia Queppo	
(T	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)