## P10000036790

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cil	ty/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

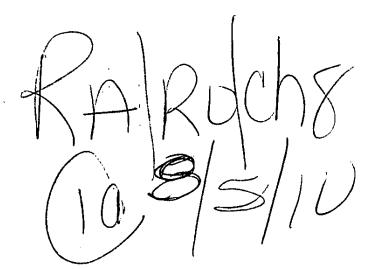
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SEGRETARY OF ISTALE ALLAHASSEE, FLORIDA



## **COVER LETTER**

TO: Amendment Section Division of Corporation	ıs			
SUBJECT: Regions Auto Sales, Inc.				
SUBJECT.	Name of Corporation	on		
DOCUMENT NUMBER:	P1000003	6790		
The enclosed Statement of Char	nge of Registered Office/Agent	and fee are submitted for filing.		
Please return all correspondence	e concerning this matter to the fo	ollowing:		
	Adrian Suarez			
	Name of Contact Per	son		
Regions Auto Sales, Inc.				
	Firm/Company			
<del></del>	6717 N. Florida A Address	\ve		
	Address			
Tampa, FL 33604 City/State and Zip Code				
City/State and Zip Code				
adrian@regionsautosales.com				
E-mail address: (to be used for future annual report notification)				
For further information concern	ning this matter, please call:			
Adda o O		042 . 040 0005		
Adrian Su Name of Contac	at (at (_at (	813 843-0605 rea Code & Daytime Telephone Number		
rame or contac		30 <b></b> 32., 70.0p		
Enclosed is a \$35.00 check made	de payable to the Department of	State.		
<u>Mailin</u>	g Address:	Street Address:		
	dment Section	Amendment Section		
	on of Corporations Box 6327	Division of Corporations Clifton Building		
	assee, FL 32314	2661 Executive Center Circle		
ı anan	uosee, i ii JasiT	Tallahassee, FL 32301		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	e corporation: Regions Auto Sales, Inc.
	ffice address: 6717 N. Florida Ave, Tampa, FL 33604.
3. The mailing ad	dress (if different):
4. Date of incorpo	oration/qualification: 04/28/2010 Document number: P10000036790
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
, <u>.</u>	Aylen Suarez
	7552 Armand Cir
	Tampa, FL 33634
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office
<u>.</u>	Adrian Suarez
<u>-</u>	Adrian Suarez  450 14th Ave N. #4  P.O. Box NOT acceptable
<u> </u>	P.O. Box NOT acceptable  St Petersburg, FL 33701
The street addres as changed will b	s of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signature	Adrian Suarez - President  of an officer or director  Printed or typed name and little
I hereby accept the I further agree to of my duties, and document is bein corporation has been accepted.	he appointment as registered agent and agree to act in this capacity.  I comply with the provisions of all statutes relative to the proper and complete performance  I am familiar with and accept the obligation of my position as registered agent. Or, if this  g filed merely to reflect a change in the registered office address, I hereby confirm that the  been notified in writing of this change.
Azhic	08/02/2010
If signing on beh	alf of an entity:
	Adrian Suarez  ed or Printed Name

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