

P110000031479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

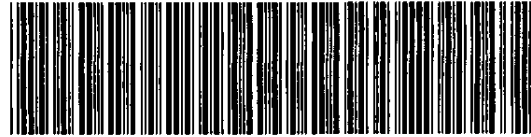
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100208868091

06/22/11--01010--001 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 22 PM 1:56

RA/RO/chg
@ 6/23/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Last Chance Automotive, Inc
Name of Corporation

DOCUMENT NUMBER: P11000031479

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:

Diane DAVIES
Name of Contact Person

LAST Chance Automotive, Inc
Firm/Company

1316 Michigan Ave
Address

St Cloud FL 34769
City/State and Zip Code

SCANDRIS200@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Davies at (407) 556-5270
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**

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

1. The name of the corporation: LAST CHANCE Automotive Inc

2. The principal office address: 1316 Michigan Ave
St Cloud FL 34769

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/30/2011 Document number: P11000031479

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)

LORAE EDWARDS
1507 Connecticut Ave
St Cloud FL 34769

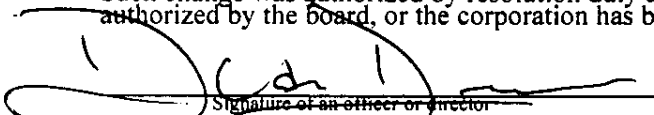
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DIANE DAVIES
4239 Settlers Ct
P.O. Box NOT acceptable
St Cloud FL 34772

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 22 PM 1:56

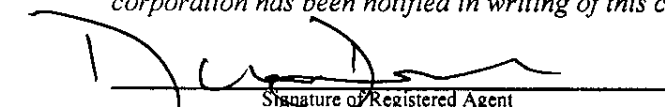
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

DIANE DAVIES Pres.
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

6/15/2011
Date

If signing on behalf of an entity:

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