## PWOOCEEL

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## **COVER LETTER**

Amendment Section

TO:

Division of Corporations
SUBJECT: Change Majeling address - MND auto Sales Name of Corporation
DOCUMENT NUMBER: P13000055171
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:
The second and second particles are second as the second a
Michael Daws Name of Contact Person
MND auto Sales
ranii Company
Address
Address
Promone Board Fl 32 Note
Pompano Beach, FL 33064 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (949) 290-7504  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address: Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301



August 21, 2015

MICHAEL DOWNS 2501 NW 17TH LN STE D POMPANO BEACH, FL 33064

SUBJECT: SOUTH FLORIDA LEASING AND RENTALS, INC

Ref. Number: P11000067610

We have received your document for SOUTH FLORIDA LEASING AND RENTALS, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An officer/director must sign authorizing the change of registered agent address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 415A00017766



## 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: South alorida Leasing + Rentals, Inc
2. The principal office address: 101 N Riversicle Drive Ste 214  Pompano Beach (FC 33062
3. The mailing address (if different): 49 N Federal Howy # 345 Pompano Beach, FL 33062
4. Date of incorporation/qualification: 125 2011 Document number: 11066061610
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)  COAST to COAST automobile Consoliting Inc
Pompano Beach, FC 33064
Pumparo Beach, FC 33064
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  2501 NW 17th Lane Ste D  Ponparo Beach FL 33064  P.O. Box NOT acceptable
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  M'Charlet Decessor D'rector  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 Date
If signing on behalf of an entity:
Typed 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 \* \* \*