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Office Use Only



\*\*35.00

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** Credit Union Auto, Inc. SUBJECT: Name of Corporation P12000052813 **DOCUMENT NUMBER:** 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: Kathryn Amoroso Name of Contact Person Credit Union Auto, Inc. Firm/Company 815 N Homestead Blvd., Suite 628 Address Homestead, Florida 33030 City/State and Zip Code camoroso@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kathryn Amoroso Name of Contact Person

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 char	nge is submitted for a c	orporation organiz	, 607.1508, or 617.1508, Florid ged under the laws of the State of the State	ofFlorida					
in order to change its registere				of Fioriaa.					
The name of the corporation:     The principal office address:      The mailing address (if different):		Credit Union Auto, Inc.							
		4701 SW 45th Street, Bldg 4 Bay 28							
		Davie, Florid							
		<del></del>	estead Blvd., Suite 628	3					
			Florida 33030						
4. Date of incorp	oration/qualification: _	6/11/12	Document number: P12	2000052813					
	street address of the cu		ent and registered office on file )	e with the					
	Kathryn An	noroso							
30722 SW 155th Avenue									
	Homestead	d, Florida 330	33	2812 JUL 20					
6. The name and (if changed):	street address of the no	ew registered agent	(if changed) and /or registered	I officer					
Kathryn Amoroso  815 N Homestead Blvd., Suite 628  P.O. Box NOT acceptable									
						Homestea	id, Florida 330	130	
					The street addre	ess of its registered offi be identical.	ce and the street a	ddress of the business office of	of its registered agent,
Such change wa authorized by th	s authorized by resolute board, or the dorpora	tion duly adopted lation has been noti	by its board of directors or by fied in writing of the change.	an officer so					
1) Alle Signatur	John Mice or director	200	Kathryn Amoroso, P						
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as reg to comply with the prov my duties, and I am fai s document is being fil that the corporation ho	gistered agent and visions of all statul miliar with and ac led merely to reflec as been notified in	agree to act in this capacity. les relative to the proper and c cept the obligation of my posi ct a change in the registered o writing of this change.						
A athe	Ature of Registered Agent	w-	7/18/12						
If signing on bel	•/		Date						
Kat	hryn Amoroso								
	ped or Printed Name								

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