-11 P12000081354

| (Re | equestor's Name) | | | | |
|---|---------------------|-----------|--|--|--|
| | | | | | |
| (Ad | ldress) | | | | |
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (Cit | ty/State/Zip/Phone | - #\) | | | |
| (Oil | ry/Otate/Etp// Hone | , | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| | | | | | |
| (Bu | ısiness Entity Nan | ne) | | | |
| | | | | | |
| (Dr | ocument Number) | | | | |
| (4- | , | | | | |
| Cardillad Caulan | Codification | of Ctatus | | | |
| Certified Copies Certificates of Status | | | | | |
| | | | | | |
| Special Instructions to | Filing Officer: | | | | |
| | | | | | |
| | | | | | |
| | | , | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



400252713194

10/17/13--01019--006 **35.00

FILED

18 OCT 17 PM 3-42

Wh. 10/34m

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | | |
|--|--|--|--|--|--|--|
| SUBJECT: Accent Motors, Inc. Name of Corporation | | | | | | |
| DOCUMENT NUMBER: P12000081354 | | | | | | |
| 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: | | | | | | |
| | | | | | | |
| Randall R. Black | | | | | | |
| Name of Contact Person | | | | | | |
| Accent Motors, Inc. | | | | | | |
| Firm/Company | | | | | | |
| 5235 U.S. Hwy. 27 South | | | | | | |
| Address | | | | | | |
| Sebring, FL 33870 | | | | | | |
| City/State and Zip Code | | | | | | |
| accentmotors@comcast.net | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| | | | | | | |
| Randall R. Black at (863) 658-1892 Name of Contact Person Area Code & Daytime Telephone Number | | | | | | |
| Than on contact to some the same transfer and the same transfer an | | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | | |
| | | | | | | |
| Mailing Address: Amendment Section Street Address: Amendment Section | | | | | | |
| Division of Corporations Division of Corporations | | | | | | |
| P.O. Box 6327 Clifton Building | | | | | | |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | | |

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

| statement of chan | ge is submitted for | s 607.0502, 617.050 a corporation organ tered office or regist | ized under the laws | of the State of | Florida |
|--|--|--|--|---|---|
| | | ccent Motors | | blute of | 2 10/144. |
| | - | 235 U.S. Hwy | | | |
| 2. The principal o | | - | 33870 | | |
| 3 The mailing ad | dress (if different): | | | | <u> </u> |
| o. The maning uc | diess (ii different). | | | | |
| 4. Date of incorpo | oration/qualification | n: <u>9/25/12</u> | Document nur | nber: <u>P120</u> | 000081354 |
| | | e current registered a signed, enter resigne | | office on file v | with the |
| | Les | ter L. Black | | | |
| _ | 100 | 1 Terry Driv | e | | |
| _ | Avo | n Park, FL | 33825 | | 第三 w |
| 6. The name and (if changed): | street address of the | e new registered age | nt (if changed) and /o | or registered o | office |
| _ | Ra | ndall R. Bla | ck | | _ |
| | 52 | 35 U.S. Hwy. | 27 South | | |
| _ | | P.O. Box NOT | | | - |
| . | Se | bring, FL 3 | 3870 | <u></u> | _ |
| The street addres as changed will b | s of its registered of identical. | office and the street | address of the busin | ess office of i | ts registered agent, |
| | | olution duly adopted oration has been not | by its board of dire | ctors or by an he change. | officer so |
| Mary and | NAZ NA | | Randall R. | Black, | President |
| Signature | of an officer or director | | Printed or | typed name and t | itle |
| I hereby accept the I further agree to performance of magent. Or, if this hereby confirm the | ne appointment as comply with the pay duties, and I am document is being the corporation at the corporation. | registered agent and rovisions of all stati familiar with and a filed merely to refl thas been notified in | d agree to act in this ites relative to the p ccept the obligation ect a change in the i n writing of this cha | s capacity. roper and col of my position registered offi nge. | mplete m as registered ice address, I |
| Krond | 1 R Rh | 1 | 10/14 | 1/13 | |
| Signa | ture of Registered Agent | | | Date | |
| If signing on beha | alf of an entity: | | | | |
| Тур | ed or Printed Name | | | | |
| | | * * * FILING FE | E: \$35.00 * * * | | |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)