Florida Department of State

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REGISTERED AGENT CHANGE ROME AUTO ACQUISITIONS, INC.

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C. LEWIS

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Corporate Filing Menu

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

1.	The name of the corporation:	ROME AUTO ACQUISITIONS, INC	<u> </u>			
2.	The principal office address:	9001 East Colonial Drive. Orlando, F	HA			
3.	The mailing address (if differen):	5.5			
<u> </u>	Date of incorporation/qualificat	on: October 4, 2012 Document	2 2			
5.	The name and street address of Department of State: (If resigne	ered office on file with the Florida				
	Fowler White Bo	ggs P.A.				
	50 North Laura S	treet, Suite 2800				
	Jacksonyille. FL	32202				
6.	The name and street address of	he new registered agent (if changed) and	d /or registered office (if changed):			
	Corporation Corr	pany of Orlando				
	300 South Orang	P.O. Box NOT acceptable	····			
	Orlando, FL 328	01				
The cha	e street address of its registered o inged will be identical.	Nice and the street address of the busine	ess office of its registered agent, as			
Suc	th change was authorized by reso the board, or the corporation has	lution duly adopted by its board of direction notified in writing of the change.	ctors or by an officer so authorized			
	Take the les	- Edward	M. Alden, CFO			
	Signature of an officer or direc	lor Prir	M. Alden, CFO nted or typed name and title			
I he I fu niv doc cor	ereby accept the appointment as t wither agree to comply with the pr duties, and I am familiar with cument is being filed merely to re poration has been notified in wri	egistered agent and agree to act in this of oversions of all statutes relative to the property accept the obligation of my position of the profile of the change in the registered office of this change.	capacity. oper and complete performance of on as registered agent. Or, if this address, I hereby confirm that the			
Co	rporation, Company of Orlando					
By:	Signature of Registered Ager	Septemb	Date Date			
lſs	igning on behalf of an entity:					
J. C	Oregory Humphries, Vice Preside Typed or Primed Name	N				
	* * * FILING FEE: \$35.00 * * *					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314