

PI3000007355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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R. White
AUG -8 2013
R. WHITE

FILED
13 AUG -5 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A.D.K. TIRE MART, Inc
Name of Corporation

DOCUMENT NUMBER: P130000007355

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:

Christine McCullough
Name of Contact Person

A.D.K. TIRE MART, Inc
Firm/Company

1215 - S. French Ave
Address

SANFORD, FL 32771
City/State and Zip Code

Christine.ADK.TIREMART@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine McCullough at (407) 330-3588
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

PK.
\$35.00
8-1-13
CK# 43186

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

Pursuant to the provisions of sections 607.0502, 617.0302, 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: A.D.K. Tire Mart. Inc
2. The principal office address: 1215 S. French Ave
SANFORD, FL 32771
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/22/2013 Document number: P130000007355

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)

Business Filings Corporation
515 - E. PARK AVE
TALLAHASSEE, FL 32301

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

Christine McCullough
1215 - S. FRENCH AVE
SANFORD, FL 32771

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]

Signature of an officer or director

DONALD G. WILLIAMS

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.

Christine McCullough

Signature of Registered Agent

8-1-2013

Date

If signing on behalf of an entity:

Christine McCullough

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
CR2E045 (03/12)

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TALLAHASSEE
FLORIDA