P14000001191

(R	(equestor's Name)	
(A	.ddress)	
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(C	city/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	dusiness Entity Name)	
(□	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		





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COVER LETTER

Division of Corporations			
SUBJECT: Rame of Corporation			
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DOCUMENT NUMBER: P14000001191			
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:			
Gilma Lacava Name of Contact Person			
EM AUTO GROUP COOP.			
1300 West McNab Road suite G-H			
Fort LAUDEN BALE FL. 33309 City/State and Zip Code			
City/State and Zip Code			
mariolo64@6mail.em			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Silma Lacava at (G5V.) 380-8432 Name of Contact Person 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: Amendment Section Street Address: Amendment Section			
Division of Corporations Amendment Section 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

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 Florian
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: RM AUTO Group earp. 2. The principal office address: 1300 WEST McNab road
2. The principal office address: 1300 WEST MCNAS FOAD
suite G-H Fort Lauberdale F. 33309
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/6/2014 Document number: P14000001191
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)
EDY LAM.
1300 West McNab road suite G-H
Fort Lauberdale F. 33309
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Colma Lacava 1300 West McNab road suite G-H P.O. Box NOT acceptable Fort Lauber dale Fz. 33309
Gilma Lacava
1300 West McNab road suite G-H
Fort Lauberdale Fz. 33309
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.
Edy LAM - PRESIDENT
Signature of an officer or director 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 Signature of Registered Agent Signature of Registered Agent
If signing on behalf of an entity:
Gilma Lacava
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 * * *