## P1400005a263

| (Re                                     | equestor's Name)   |           |
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| (Ac                                     | ldress)            |           |
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| (Ci                                     | ty/State/Zip/Phone | #)        |
| PICK-UP                                 | WAIT               | MAIL      |
| (Bu                                     | usiness Entity Nam | e)        |
| (Document Number)                       |                    |           |
| Certified Copies                        | _ Certificates     | of Status |
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## **COVER LETTER**

| TO: Amendment Division of C | Section<br>Corporations   | •  |  |  |
|-----------------------------|---|--|--|--|
| SUBJECT:                    | RUBIO AUTO.   | SALES CORP   |  |  |
| DOCUMENT NUM                | IBER: P1400005a   | 1263   |  |  |
| The enclosed Statem         | ent of Change of Registered Office/Ag   | ent and fee are submitted for filing.  |  |  |
| Please return all corre     | espondence concerning this matter to the  | he following:  |  |  |
| —                           | DAY RON Name of Contact   |  |  |  |
|                             |   |  |  |  |
| Firm/Company                |   |  |  |  |
|                             | 27/110 S DI   | VIE HINU   |  |  |
|                             | 27010 S DI<br>Address   | AIC THAT   |  |  |
| HOMESTEAD, FL 33032         |   |  |  |  |
| _                           | City/State and Zi   |  |  |  |
| E                           | RUBIO AUTO SALES ( -mail address: (to be used for future  | annual report notification)  |  |  |
| For further information     | on concerning this matter, please call:   |  |  |  |
|                             |   |  |  |  |
| •                           | of Contact Person at  | Area Code & Daytime Telephone Number   |  |  |
| Enclosed is a \$35.00       | check made payable to the Department  | t 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 |  |  |

## BUTH FUR CURPURATIONS

| 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.   |
|---|
| 1. The name of the corporation: RUBIO AUTO SAUES CORP   |
| 2. The principal office address: 27010 S DIXIE Hwy  |
| HOMESTEAN PL 33032  |
| 3. The mailing address (if different): SAME   |
| 4. Date of incorporation/qualification: 6.16.2014 Document number: P14 00005226   |
| 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)  |
| DAYRON RUBIU  |
| 238 N KROME AVE   |
| FLORIDA CITY IFL 33034  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  DAYRON RUBIO  2010 S. DIXIE HWY  P.O. Box NOT acceptable  HOMESTEAD, FL 33032  |
| 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.   |
| Day Rubio - 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 Date  |
| If signing on behalf of an entity:  |
| Typed or Printed Name   |

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