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COVER LETTER

TO: Amendment Section

Division of Corporations

_{subject:}Transformer Auto Repair , Inc

Name of Corporation

DOCUMENT NUMBER:

P15000035675

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:

Edith A. Maldonado Velazquez

Name of Contact Person

Transformer Auto Repair, Inc.

Firm/Company

163 Springwood Cir. Apt. D

Address

Longwood, FI 34769

City/State and Zip Code

transformerautorepair@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edith A. Maldonado

_.939 777-13

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

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. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| |
| The name of the corporation: Transformer Auto Repair, Inc The principal office address: 1026 Savage Court Longwood, FI 32750 |
| 2. The principal office address: 1000 Garden 2011g 1100 Garden 201 |
| 3. The mailing address (if different): 163 Springwood Cir. Apt. D Longwood FI 32750 |
| 4. Date of incorporation/qualification: 04/20/2015 Document number: P15000035675 |
| 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) |
| Edith A. Maldonado Velazquez |
| 2233 Juliana Ct. |
| 2233 Juliana Ct. St. Cloud FI, 34769 6. The name and street address of the new registered agent (if changed) and (or registered office) |
| 6. The name and street address of the new registered agent (if changed) and /or registered office. (if changed): |
| Edith A. Maldonado Velazquez |
| 163 Springwood Cir. Apt. D |
| P.O. Box NOT acceptable Longwood FI 32750 |
| 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. |
| Edith A. Maldonado Velazquez (P) Signature of an officer or director 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. |
| 08/20/2015 |
| Signature of Registered Agent Date |
| If signing on behalf of an entity: |
| Typed or Printed Name |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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