39013

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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TALLAHASSEE, FLORIDA

SECRETARY OF STATE

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJI	ECT: American Eagle Wheel Corp. (Name of Corporation)	on)				
DOCU	MENT NUMBER: P39013					
The en	closed Statement of Change of Registered Office/Agent	and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the fo	ollowing:				
Maria Furcolow (Name of Contact Person)						
	•					
American Eagle Wheel Corp						
	(Firm/Company)					
	5780 Soestern (Address)	Ct.				
	(caa.a.,					
	Chino, CA 91710					
(City/State and Zip Code)						
For fu	rther information concerning this matter, please call:					
	Maria Furcolow at (909) 590-8828 Area Code & Daytime Telephone Number)				
Enclos	ed is a \$35.00 check made payable to the Department of	State.				
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations				
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle				
	rations and a second to	Tallahassee, FL 32301				

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

-	provisions of sections 607.0502, 617.050.			
•	nge is submitted for a corporation organ r to change its registered office or registe			*
1 The name of t	he corporation: American Eagle Wh	neel Comoval so		
	office address: 1721 Premier Row.			
z. The principal	office address. 17211 Territor (OW)	Ondrido, 1 L 02000	· · · · · · · · · · · · · · · · · · ·	
3. The mailing a	ddress (if different): 5780 Soestern (Ct., Chino, CA 91710		
4. Date of incorporation/qualification: Document number: P39013				
	street address of the current registered attment of State: (If resigned, enter resigne		n the	
		<u> </u>	200 SE	
			2009 HAR SECRET	-
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered office	20 PM ARY OF ASSEE.F	
	Timothy Kniess		I: 39 STATE LORID	
	1721 Premier Row		DA DE	
	(P.O. Box NOT acceptable)	•	
	Orlando, FL 32809		-	•
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its	s registered ager	ıt,
Such change was authorized by the	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by an otified in writing of the change.	officer so	
May Signati	ire of an officer of director)	Maria Furcolo (Printed or typed name and t	W itle)	-
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and comply with the provisions of all stated I am familiar with and accept the allowing filed merely to reflect a change is been notified in writing of this c	nd agree to act in this capacity. Lutes relative to the proper and com Lun as registered Lerea office address, I hereb	plete performant agent. Or, if the y confirm that the	ice his he
Timo	ty A. Know	3/18/09 (Date)		_
If signing on be	chalf of an entity:	()		
(Timothy Kniess Typed or Printed Name)			

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