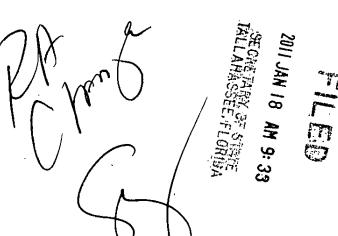
(Requestor's Name)  (Address)	900191298589
(City/State/Zip/Phone #)	01/18/1101010004 **35.
(Business Entity Name)  (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	ALLAH SEE FLORISH

Office Use Only



\*\*35.00

## **COVER LETTER**

TO: Amendment Division of C		• • •			
SUBJECT:	FAMILY AUTO M	ART, INC.			
	Name of Cor	poration			
DOCUMENT NUM	BER:P930	00020679			
The enclosed Stateme	ent of Change of Registered Office/	Agent and fee are submitted for filing.			
Please return all corre	espondence concerning this matter to	o the following:			
	Eric Bu	ırne			
	Name of Contr	act Person			
	Legalzoom.	com Inc			
_	Firm/Com				
geren er	- 100 West Broa	dway Blyd.			
	Addre	ss			
	A1 - 10 - 4				
	Glendale, C	A 91210			
_	City/State and	Zip Code			
	P <b>(</b> P <b>(</b> - <b>)</b>	.1			
	onlinefilings@leg mail address: (to be used for fut-	alzoom.com			
1	-man address. (to be used for fur	ure annual report notification)			
For further information	on concerning this matter, please cal	<b>1</b> :			
	Eric Burns	323 062,8600			
Name	of Contact Person	at (323) 962-8600 Area Code & Daytime Telephone Number			
		,			
Enclosed is a \$35.00	check made payable to the Departm	ent of State.			
	Mailing Address:	Street Address:			
	Mailing Address: Amendment Section	Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
rananassee, FL 32314 2001 Executive Cente					

Tallahassee, FL 32301

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

---

statement of cha	nnge is submitted for a co	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of Flor	ida	
	the corporation: FAMI		RT, INC. ELBOURNE FL 3293	5		
		·				
4. Date of incorp	poration/qualification:	03/19/1993	Document number:	P930	00002067	'9
	d street address of the curtiment of State: (If resign		at and registered office on f	ile with the	e	
	ROBISON-POWE	R, HEATHER				
	1900 AURORA RE	)		<u> </u>		
	MELBOURNE FL	32935 US			<b>T</b> . 5	ş
6. The name and (if changed):	I street address of the new		f changed) and /or registere	ed office	FLAHASSE	-
	13302 Winding Oa	ks Blvd. Suite A	·-100			F-17.72
		P.O. Box NOT ac			3 · · ·	
	Tampa, FL 33612-	3425			- GE	
The street addre	ess of its registered office be identical.	e and the street add	dress of the business office	e of its reg	gistered age	ent,
Such change/wa authorized by th	as authorized by resolut ne board, or the corpora	ion duly adopted by iion has been notifi	y its board of directors or ed in writing of the chang			
Signatur	re of an officer or director	<del></del>	Heather K. Pow Printed or typed nam	er, President and title	<u>ide</u> nt	
i turiner agree i	o comply with the prov	isions of all statute.	gree to act in this capacit s relative to the proper an tion of my position as regi egistered office address, I	d complet	e performa ent. Or, if onfirm that	nce this the
			1/11/20	)11		_
_	nature of Registered Agent	·	Date			
If signing on be	half of an entity:					
	rghese, Vice Presid	lent				

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