P93000047278

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Consideration of Filling Officers							
Special Instructions to Filing Officer:							





600210223346

08/03/11--01006--010 **35.00

RA Locky



Ar 2-4-11

COVER LETTER

TO:	Amendment Division o	nt Section f Corporations							
SUBJI	E C T:	FLORIDA FINE	CARS, INC.						
DOCU	MENT NU	DO	8000047278						
The en	closed State	ment of Change of Registered Offi	ce/Agent and fee are submitted for filing.						
Please	return all co	rrespondence concerning this matt	er to the following:						
		PHILIP A. ALLI Name of C	EN, III, ESQUIRE ontact Person						
GARBETT, STIPHANY, ALLEN & ROZA, P.A.									
		Firm/C	Company						
	80 S.W. 8TH STREET, SUITE 3100								
Address									
	MIAMI, FLORIDA 33130 City/State and Zip Code								
		City/State	and Zip Code						
	pallen@gsarlaw.com E-mail address: (to be used for future annual report notification)								
For fur	ther informa	ation concerning this matter, please	call:						
	PHILIP A	A. ALLEN, III, ESQUIRE	at (305-) 810-2790)					
		ne of Contact Person	at (305-) 810-2790 Area Code & Daytime Telephone N	Jumber					
Enclos	ed is a \$35.0	00 check made payable to the Depa	rtment 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	е					

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

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stat	te of FLORIDA			
1. The name of t	he corporation: FLOR	IDA FINE CA	RS, INC.				
2. The principal	office address: 1027 S	OUTH STATE	RD. 7, HOLLYWOOD	, FL 33023			
3. The mailing a	ddress (if different):						
4. Date of incorp	oration/qualification:	07/03/93	Document number:	P93000047278			
	street address of the curr tment of State: (If resigne		nt and registered office on f	ile with the			
	AMIR AZARPAD						
	1027 SOUTH STATE RD. 7						
	HOLLYWOOD, FLO	ORIDA 33023					
6. The name and (if changed):	street address of the new	v registered agent (if changed) and /or register	ed office			
	PHILIP A. ALLEN,	III, ESQUIRE					
	GARBETT, STIPHANY, ALLEN & ROZA, P.A.						
	P.O. Box NOT acceptable 80 SW 8 ST., #3100, MIAMI, FL 33130						
_	ss of its registered offic be identical.	e and the street ad	dress of the business offic y its board of directors or ied in writing of the chang				
		Ion has occur nour					
	e of an officer or director		AMIR AZAF Printed or typed nam	ne and title			
I further agree to of my duties, and document is being corporation has	the appointment as region comply with the provided I am familiar with and filed merely to reflect been notified in writing that the Registered Agent	stered agent and c sions of all statute i accept the obliga t a change in the r t of this change.	agree to act in this capacities relative to the proper and the proper and tion of my position as regularized and ress, in the proper of the proper and the property and t	y. id complete performance istered agent. Or, if this hereby confirm that the			
If signing on bel	half of an entity:						
	P A. ALLEN, III, ESC ped or Printed Name	Q					

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