P93000069942

(Requestor's Name)				
(Address)				
(A.1	\			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Continue Copies	_ Octunicates	or Otatus		
Special Instructions to	Filing Officer:			
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: HAMPTON CHRYSLER DODGE & JEEP, INC. (Name of Corporation)					
DOCUMENT NUMBER: P93000069942					
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:					
JOHN JAY WATKINS ESQUIRE (Name of Contact Person)					
JOHN JAY WATKINS PA (Firm/Company)					
P O BOX 250 (Address)					
LABELLE FL 33975 (City/State and Zip Code)					
For further information concerning this matter, please call:					
JOHN JAY WATKINS at (863) 675-4424 (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

statement of cha	provisions of sections 607.0502, 617.0502, 6 ange is submitted for a corporation organized er to change its registered office or registered	d under the laws of the State of FLORIC	
	the corporation: HAMPTON CHRYSLE		40
2. The principal	l office address: 202 W SUGARLAND I	HIGHWAY, CLEWISTON, FL 334	40
3. The mailing a	address (if different): SAME	Ma. 500 (a) 20	
4. Date of incor	poration/qualification: 10/08/1993	Document number: P9300006994	2
	d street address of the current registered agen artment of State: (If resigned, enter resigned)	nt and registered office on file with the	
	DENNIS HAMPTON		_
	202 WEST SUGARLAND HIGHW	AY	08 G
	CLEWISTON FL 33440		是
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	OB DEC 19 AMII: DO
	JOSE LUIS SANTORO		: 00 : 00
	202 WEST SUGARLAND HIGHW (P.O. Box NOT acceptable)	AY	
	CLEWISTON FL 33440		
The street addr	ress of its registered office and the street ad	dress of the business office of its registe	red agent,
	vas authorized by resolution duly adopted b the board, or the corporation has been notif		
(Signa	iture of an officer or director)	JOSE LUIS SANTORO (Printed or typed name and title)	PRE SIDENT
I furthér agrée of my duties, a document is be	ot the appointment as registered agent and a to comply with the provisions of all statute and I am familiar with and accept the obliga- cing filed merely to reflect a change in the r as been notified in writing of this change.	es relative to the proper and complete per ation of my position as registered agent, registered office address, I hereby confir	erformance Or, if this om that the
\ -	M	DECEMBER 16 N OVEMBER 14 , 2008	
<u>«</u>	Signature of Registered Agent)	(Date)	
If signing on b	pehalf of an entity:		
	(Typed or Printed Name)		
	* * * FILING FEE	: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)