P95009088288

DC RUDES 9370 E. BRONSON HUY, ST. CULD, FLARION 34273

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Document #)
(Document #)
7000032931872 -06/21/0001073003
*****35.00 *****35.00 (Document #)
(Document #)
Certified Copy Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/OUALIFICATION Reinstatement Trademark Other

Examiner's Initials

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, the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: D.C. RIDES INC
2. The mailing address of the corporation is: 9370 E. IRLO BROWSON MEM. HWY.
SHIM CLOUD, FLORION 34773
3. Date of incorporation/qualification: 11 14 95 Document number: P 9500088288
4. The name and address of the current registered agent and office:
WALLACE STEVENS
16330 SW 147 AVE
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
JOSEPH A. PEREIRA JR.
10300 SW 72 ST #470C SE & -
MIAMI, FL 33173
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.
Signature of an officer, chairman or vice chairman of the board) 3 27 00 (Date)
FRANK KELLY (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. 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 begistered agent.
Joseph abereira J. 3/27/00
(Date)
f signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(7/97)

DIVISION OF CORPORATIONS