P96 0000008755

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

TO:	Amendment Section Division of Corporations	•
SUB. Name	JECT: American Import Auto, Inc.	
	•	
DOC	UMENT NUMBER: P96000008755	
The e	enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Pleas	e return all correspondence concerning this	s matter to the following:
Jeffre	y Hazeltine	
Name	e of Contact Person	
	Company/	
	last Venice Avenue	
Addr	ess	
	te, FL 34285	
City/:	State and Zip Code	
	aia1@verizon.net	
E-ma	ail address: (to be used for future annua	l report notification)
For fi	urther information concerning this matter, p	please call:
Jeff H	lazeltine	at (941) 484-1340 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: American Import Auto, Inc.	
2. The principa	l office address: 548 East Venice Avenue, Venice, FL 34285	
3. The mailing	address (if different):	
4. Date of incorporation/qualification: Document number: P96000008755		
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Robert N. Harrison	
	825 S Tamiami Trail, Suite 2	
	Venice, FL 34285	
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office	
	Jeffrey Hazeltine	
	548 East Venice Avenue	
	P.O. Box NOT acceptable Venice, FL 34285	
The street addr	ress of its registered office and the street address of the business office of its registered agent.	
	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Mour	JEFFREY A. HAZeltwe Pres Printed or typed name and title	
I further agree of my duties, a document is be	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this sing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.	
	gnature of Registered Agent Date	
If signing on b	ehalf of an entity:	
	Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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