

P96000070556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CERTIFIED AUTO CENTER

Name of Corporation

DOCUMENT NUMBER: P96000070556

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:

ALEJANDRO A CAMPO

Name of Contact Person

CERTIFIED AUTO CENTER

Firm/Company

6805 NW 87th AVE

Address

MIAMI FL 33178

City/State and Zip Code

CERTIFIED.AUTO@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO A CAMPO

Name of Contact Person

at (786) 295-4281

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CERTIFIED AUTO CENTER
2. The principal office address: 6805 NW 87th AVE MIAMI FL 33178
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/23/1996 Document number: P96000070556
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
HOLDING GROUP USA CORP - CAMILO A ARRIETA V  
223 E FLAGLER ST SUITE #212  
MIAMI FL 33131 US

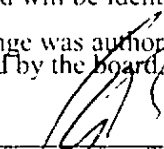
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ALEJANDRO A CAMPO  
6805 NW 87th AVE  
MIAMI FL 33178

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

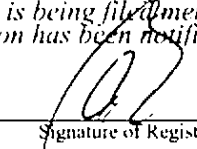
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

ALEJANDRO A CAMPO

\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I 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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

01/25/2024

\_\_\_\_\_  
Date

If signing on behalf of an entity:

ALEJANDRO A CAMPO  
\_\_\_\_\_  
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 (04/13)