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SECRETARY OF STATE TALLAHASSEE.FLORID/

RO Charge

'AUG 1 7 2012

T. CAULEY

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Accar L+d. Inc. Name of Corporation		
DOCUMENT NUMBER: P 9600008 9999		
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:		
Joseph Akar Name of Contact Person		
Accar Ltd Inc		
36 NE 15t St. 219 Address		
MIAMI FL 33132 City/State and Zip Code		
City/State and Zip Code		
JOE@ Accar LTD. COM		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Vivginia Akar at (305) 505-888/ Name of Contact Person at (305) South 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 Street Address: Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

والعهاد والمعهورون والموجور والأراود لوليه الاستوسام فالمالية المالات

Tallahassee, FL 32301

CR2E045 (03/12)

Tallahassee, FL 32314

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 Statute statement of change is submitted for a corporation organized under the laws of the State of <u>Flo</u>		
in order to change its registered office or registered agent, or both, in the State of Florida	7.	t
1. The name of the corporation: Accar Ltd., Inc.		
2. The principal office address: 36 NE 15t St., 219		
MIGMI, FL 33132		
3. The mailing address (if different):		
4. Date of incorporation/qualification:	2002	39999
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)		
Joseph Akar		
INE 15t St., 35		
MIAMI, FL 33132	12 Å	SECH
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	AUG 16 PH	FILEI RETARY O WHÀSSEE
Joseph Akar	⊒z	- F S
36 NE 1SF St., 219	2	RID/
36 NE 15t St., 219 P.O. Box NOT acceptable MIGMI, FL 33132		
The street address of its registered office and the street address of the business office of its registas changed will be identical.	stered a	gent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	r so	
Signature of an accept affector Joseph Akar pres		_
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 performines of my duties, and tam familiar with and accept the obligation of my position as reagent. Or, if this document is being filed marely to reflect a change in the registered office additional hereby confirm that the corporation has been followed in writing of this change.	gistered ress, I	d
Signature of Registered Agent Date		_
If signing on bohalf of an entity		
Joseph Akar Typed or Printed Name		
Types of Finnes Name		

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