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Office Use Only

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

1.			
1	(Corporation Name)	(Doc	ument #)
2	(Corporation Name)	(Doo	rument #)
3	(Corporation Name)	(Doc	eumen(#)
4	(Corporation Name)	(Doc	tument #)
☐ Walk in	Pick up tin	ne	Certified Copy
Mail out	☐ Will wait	Photocopy	Certificate of Status
w filings	AME	NDMENTS	97 SE

NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

FILED
97 MAR 10 PH 12: 39
ECRETARY OF STATE
ALLAHASSEE, FLORIDA

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

,	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials

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	andia of Monthaut Sectetato di State
	andra B. Mortham, Secretary of State

## 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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1a. The name of the corporation is: Auto Exposition is:	
1b. The mailing address of the corporation is: 2397 Sc Dixie Hickory	، ر
Studenty Fl 34976	
1c. Date of incorporation: 13/3/3 Document number: 8960009763	, Ja
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Davo Smars	
10° mm	
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3. The name and address of the annual second	
The fibrid and address of the new registered agent and office: (P.O. Box Not Acceptable)	
Daved Swell	
3397 SE DIXER MICHWAY	
STURGE TL 34996	
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.	
Profession 2/18/27	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
Meur M. Rocking Secretary	
(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. 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.	
(Signature of Registered Agent)	
if signing on behalf of an entity:	
DAVED SMETH	
(Typed or Printed Name) (Çapacity)	
Division of Corporations, P.O. Box 6327 Tallabasson Fl. 32214	