

997000101225

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

07/19/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Commercial Auto Care Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P97000101255

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:

Martin P. Heise
(Name of Contact Person)

Commercial Auto Care Center, Inc.
(Firm/Company)

2200 NW 2 Avenue, Suite 220
(Address)

Boca Raton, FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

Bettina Smoot at (561) 997-0045 x-203
(Name of Contact Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: Commercial Auto Care Center, Inc.

2. The principal office address: 2200 NW 2 Avenue, Suite 220, Boca Raton, FL 33431

3. The mailing address (if different):

4. Date of incorporation/qualification: 11/26/1997 Document number: P97000101295

Martin P. Heise

947 Clint Moore Road

Boca Raton, FL 33487

Martin P. Heise

2200 NW 2 Avenue, Suite 220

(P.O. Box NOT acceptable)

Boca Raton, FL 33431

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)

Martin P. Heise

(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)

2/22/07
(Date)

If signing on behalf of an entity:

Martin P. Heise

(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 (8/05)