098000001304 Requester's Name ******70.00 *****35.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy ☐ Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** ■ Profit ☐ Amendment ☐ Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other ☐ Merger OTHER FILINGS Annual Report Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials (100)

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

are minerate	the provisions of section the provisions of section organizes.	ed under the laws or	f the State of \mathbf{Fl}	orida	
submits the j the State of I	following statement in o	rder to change its re	egistered office or re	gistered agent, or bo	th, in
1. The name	of the corporation : B]	lue Eagle Bod	y 🗲 Paint :	Shop, Inc.	
2. The mailir	ng address of the corpora	tion: 1840 Wes	t 8 Avenue, I	Hialeah, Flori	ida 33010
3. Date of in	corporation/qualification		Document nur	nber: P98000001	1304
4. The name	and address of the curren	it registered agent an	d office:		304
	Jaime A	. Cruz			
	4120 S.	W. 69 Avenue		 -	
C m	Miami,	Florida 331	55		
5. The name a	ınd address of the new re	gistered agent (if chi (P. O. Box Not Acce	anged) and/or registe eptable)	red office (if changed	D:
	Jose Fa	dul			
	1840 We	st 8 Avenue		-	
The street add	ress of its registered offiged, will be identical.	Florida 33	3010 dress of the business	office of its register	ed
Such change v authorized by	vas authorized by resoluthe board.	tion duly adopted by	vits board of directo	ers or by an officer so	
X Hore	6 adul	· - -	*		=,
(Signature	of an officer, chairman or vice	chairman of the board)		(Date)	
Jose	Fadul (Printed or typed name at	ad fitto)		20	
Having been n corporation, I I fürther agree performance of registered agen	amed as registered agen hereby accept the appoin to comply with the prov my duties, and I am fan tt.	it and to accept serv ntment as registered isions of all statutes niliar with and acce	ice of process for th agent and agree to relative to the prop pt the obligation of	e above stated act in this capacity. er and complete my position as	07 OCT .
X Aoré	Wadne	 	<u>.</u> .	12.07 12.07 14.07	
If signing on behal	ignature of Registered Agent) f of an entity:		(Date)	27 %	Ö
Jose	Fadul Typed or Printed Name)		President/Re	gistered Agen	t_
(-	•	, ·	(Capacity)	. I.A. 2
CR2E045(9/00)	***]	FILING FEE: \$35.	00 * * *		
	VISION OF CORPORATIONS	P.O. Box 6327	Tallahassee, FI	32314	