

P980000 29285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

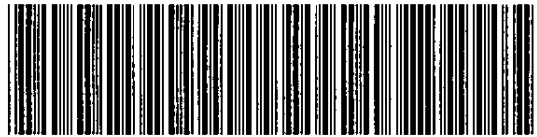
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2009/09/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MID CONTINENTAL QUALITY AUTOS INC
Name of Corporation

DOCUMENT NUMBER: P980000029285

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:

SAMEER ASFOOR

Name of Contact Person

MID CONTINENTAL QUALITY AUTOS INC

Firm/Company

2885 ALOMA LAKE RUN

Address

OVIEDO FL 32765

City/State and Zip Code

MCQAUTO4@AOL.COM

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

For further information concerning this matter, please call:

SAMEER ASFOOR

Name of Contact Person

at (407) 804-0888
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

**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: MID CONTINENTAL QUALITY AUTOS INC
2. The principal office address: 2885 ALOMA LAKE RUN OVIEDO FL 32765

3. The mailing address (if different): 2885 ALOMA LAKE RUN
OVIEDO FL 32765

4. Date of incorporation/qualification: 3/27/1998 Document number: P980000029285

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)

4215 S ORLANDO DR

SANFORD FL 32773

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

2885 ALOMA LAKE RUN

OVIEDO FL 32765

P.O. Box NOT acceptable

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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]
Signature of an officer or director

SAMEER ASTUR, PRESIDENT
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

Date

If signing on behalf of an entity:

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)