P980051859

Quality Cars of Kissimmee, Inc 2741 N. Orange Blossom Trail Kissimmee, FL 34744

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
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☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait		tified Copy	
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Office Change of Registered Ager Dissolution/Withdrawal Merger		
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFIC Foreign Limited Partnership Reinstatement Trademark Other	CATION	

CR2E031(7/97)

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Examiner's Initials

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 $\frac{1}{2}$
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida
1. The name of the corporation: Wality Cars of Kissimule, Inc.
2. The mailing address of the corporation: 2741 N Orange Blossom Trail
3. Date of incorporation/qualification: 6/8/98 Document number: P9800051859
4. The name and address of the current registered agent and office:
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15 Silver Falm Aus
The state of the s
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
James Canterloury
2741 N Gronze Blosson Track
KISSWAME FE 34744
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 daily adopted by its board of directors or by an officer so authorized by the board.
7/10/01
(Signature of an officer, chairman or vice chairman of the board) (Date)
In Anthony mrs
(Printed or typed name and title) (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) (Date)
If signing on behalf of an entity:
1 m (massage)
(Typed or Printed Name) (Capacity)
* * * DYI INIC DDD. \$25.00 * * *

* * * FILING FEE: \$35.00 * * *