

P98000100394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

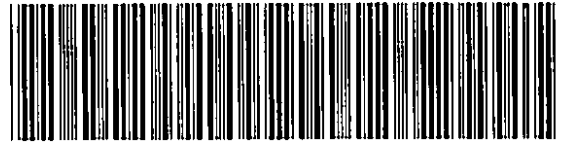
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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AUG 01 2018
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunshine Auto Recyclers, Inc.
Name of Corporation

DOCUMENT NUMBER: P98000100394

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:

Tim Smith
Name of Contact Person

Firm/Company

1712 NE 18 Avenue
Address

Fort Lauderdale, FL 33305
City/State and Zip Code

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

For further information concerning this matter, please call:

Tim Smith at (954) 895-5865
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

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: Sunshine Auto Recyclers, Inc.
2. The principal office address: 640 NW 7 Avenue
Fort Lauderdale, FL 33311
3. The mailing address (if different): 1712 NE 18 Avenue
Fort Lauderdale, FL 33305
4. Date of incorporation/qualification: 12/02/1998 Document number: P98000100394
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)

John S. Andrews
1501 NE 4 Avenue
Fort Lauderdale, FL 33304

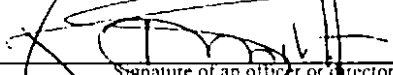
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tim Smith
1712 NE 18 Avenue
P.O. Box NOT acceptable
Fort Lauderdale, FL 33305

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STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

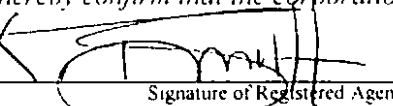


Signature of an officer or director

Tim Smith

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

7/20/18

Date

If signing on behalf of an entity:
Tim Smith

Typed or Printed Name

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