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(Requestor's Name) (Address)	300161459523
(City/State/Zip/Phone #)	10/08/0901012010 ***3
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	. т. т
Special Instructions to Filing Officer:	T 28 AM 9: 27

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85.00

TO: Amendment Section Division of Corporation	ns	
SUBJECT:	Florida Auto Exp	press, Inc
DOCUMENT NUMBER:	P990	00066828
The enclosed Statement of Cha	inge of Registered Office/	Agent and fee are submitted for filing.
Please return all correspondence	e concerning this matter	to the following:
		·
	Rebecca Name of Cont	
	Florida Auto E	Express, Inc
A-174 - Australia	Firm/Cor	
····	20340 S Bu	
	Addre	288
	Clarmont E	1 34715
	Clermont, F City/State and	1 Zip Code
	haadii fila daasaa G	No atmost a see
E-mail add	<pre>becki.flautoexp@ fress: (to be used for fur</pre>	nounali.com ture annual report notification)
	`	•
For further information concern	ning this matter, please ca	11:
Rebecca	Hinkle	at (352) 394-7773 Area Code & Daytime Telephone Number
Name of Contact	et Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check ma	de payable to the Departn	nent of State.
<u>Mailir</u> Amen	g Address: dment Section	Street Address: Amendment Section
Divisi	on of Corporations	Division of Corporations
	Box 6327	Clifton Building
Tallah	iassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2009

REBECCA HINKLE FLORIDA AUTO EXPRESS, INC. 20340 S. BUCKHILL RD CLERMONT, FL 34715

SUBJECT: FLORIDA AUTO EXPRESS, INC.

Ref. Number: P99000066828

We have received your document for FLORIDA AUTO EXPRESS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 309A00032679

NEGENVEY 1009 OCT 28 AM 8: QG SEDRETARY OF STATE

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

rursuant to the provisions of sections 607.0502, 617.0502. statement of change is submitted for a corporation organiz in order to change its registered office or register.	zed under the laws of the State of Florida
1. The name of the corporation: Florida Auto Expre	ess, Inc.
2. The principal office address: 20340 S Buckhill Rd,	Clermont, FL 34715
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/22/1999	
5. The name and street address of the current registered age. Florida Department of State: (If resigned, enter resigned	
REBECEA HINRIE	
13652 Granville Ave	***************************************
Clermont, FL 34715	
6. The name and street address of the new registered agent (if changed):	(if changed) and /or registered office
REBUCEA HINKLE	SECTION SECTIO
20340 S Buckhill Rd	09 OCT 28
Clermont, FL 34715	m(⊃
The street address of its registered office and the street acase changed will be identical.	
Such change was authorized by resolution duly adopted lauthorized by the board, or the corporation has been noti	by its board of directors or by an officer so field in writing of the change.
Hamela Osteen	Pamela Osteen / VP
Signature of an officer or director I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statut of my duties, and I am familiar with and accept the obligation of the being filed merely to reflect a change in the comparation has been notified in writing of this change.	es relative to the proper and complete performance
A de la	09/29/09
Signature of Registered Agent If signing on behalf of an entity:	Date
Rebecca Hinkle Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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