No Return Address Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time ☐ Will wait Photocopy Mail out Certificate of Status **AMENDMENTS NEW FILINGS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other V SHEPARD JUN 27 2001 **Examiner's Initials** CR2E031(7/97)

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

the undersigned co submits the follow					agent, or bot	h, in
the State of Florida 1. The name of the		Eagle A	utomotive	. Inc.	9	
2. The mailing add	ress of the corpora	ation: <u>4824</u>	Market A	ve.	W.	0.70
	N	Naples, Flor	ida 34104			8 100
 Date of incorpo 	ration/qualificatio	n: October 2	<u>3,1991</u> Docu	ment number: _s	89339	
4. The name and a	ddress of the curre	ent registered agen	t and office:			P
	Joseph A. S	Simpson, ESO.				-
4	2. Box 19 0	16 1619	rackson.	H.	· ·	
F	t. Mvers.Fl	orida 3390 2	,			•
5. The name and a			f changed) and	or registered off	ice (if change	ď):
	Diane E. S	cott				
	5100 Mahog	any Ridge D	rive			· · · ·
<u></u>	Naples, Fl	orida 34119		······································	· ·	
The street address agent, as changed,						
Such change was a authorized by the J	nuthorized by reso	Aution duly adopt	ed by its board	of directors or	by an officer s	io
Signature of a	n officer, chairman or v	- Unesi Cea rice chairman of the boa	ord)	<u>June</u> (Dar	04, 2001	
Paul R	. Scott, Pro	esident ne and title)		-		
Having been name corporation, I here I further agree to construct the control of my registered agent.	ed as registered ag eby accept the app comply with the pi duties, and I am	gent and to accept pointment as regis rovisions of all sto familiar with and	t service of pro stered agent an stutes relative l accept the obl	cess for the abo d agree to act it to the proper an ligation of my po	ve stated n this capacity id complete osition as	γ.
MUNU (Sign	ature of Registered Age	int)	· · · · · · · · · · · · · · · · · · ·	June (Date)	04, 2001	
If signing on behalf of	_ , _ •			V.		
	ed or Printed Name)					