## V17564

(Re	questor's Name)	
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(Add	dress)	
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SECRETARY OF STATE

SECRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Tire Group International, Inc. (Name of Corporation)
DOCUMENT NUMBER: V17564
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:
Alberto Olivares (Name of Contact Person)
Tire Group International, Inc. (Firm/Company)
3400 North West 74th Avenue .
Hiami, Florida, 33122 (City/State and Zip Code)
For further information concerning this matter, please call:
Al barto Olivares at 305 696 - 0096 (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 p	ige is submitted	for a corpo	ration organize	d under the la	ws of the State	e of Floria	
1. The name of the	to change its re	gisterea off Tre	_	Interna		•	
2. The principal of	•		North	West	74 th	Avenue.	Wiami,
FL 33	_			,			
3. The mailing ad	dress (if differer	nt):					
4. Date of incorpo	oration/qualifica	ition: <u>0</u> 2	1/28/1992	Document	number:	117564	
5. The name and Florida Departs		the current	registered age	nt and registere	ed office on fi	le with the	میناند. میناند این این میناند
	Antonio	R. (	<u>Conzalei</u>	<u> </u>	······································		645 R
_	6695	North	West 30	· Avenue	د		19
-	Miami,	FL.	33H7			·	SKE PA
6. The name and (if changed):	street address of	the new re		<u> </u>	d /or registere	ed office	3: 10
-	Antonio	o K.	Conzal	<b>e</b> z			
-	3400	<u>North</u>	West	74th A	verne		
	Hiami	(P.O. Box	NOT acceptable)				
The street addres as changed will be	s of its register	ed office ar		dress of the b	usiness office	of its registe	red agent,
Such change was authorized by the	authorized by board, or the c	resolution corporation	duly adopted b has been notif	y its board of ied in writing	directors or lof the chang	by an officer s	ŝo.
(Signatur	e of an officer or dire	ctor)	<del></del> -	0.5	12 06 inted of typed nan	ne and title)	
I hereby accept to I further agree to of my duties, and document is bein corporation has	o comply with th l I am familiar v g filed merely to	ne provision with and ac o reflect a	ns of all statute cept the obliga change in the r	ngree to act in es relative to ti ution of my po egistered offic	this capacity		erformance Or, if this m that the
(Sign	nature of Registered A	(gent)	<del></del> .	05/1	2 \0 6 (Date)		***
If signing on beh	alf of an entity:	:			, -		
Antonia	ped or Printed Name	àle?	<del></del> _				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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