

822508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: BY-PASS PAINT SHOP INC  
(Name of Corporation)

DOCUMENT NUMBER: 822508

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:

DANNY DELPRETE  
(Name of Contact Person)

BY-PASS PAINT SHOP INC  
(Firm/Company)

1132 N. Nappanee Street  
(Address)

Elkhart, Indiana 46514  
(City/State and Zip Code)

For further information concerning this matter, please call:

Danny DelPrete at ( 574 ) 264-5334  
(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 Indiana in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: By-Pass Paint Shop, Inc.
2. The principal office address: 1132 N. Nappanee Street, Elkhart, Indiana 46514
3. The mailing address (if different): same
4. Date of incorporation/qualification: 6-14-64 Document number: 822508
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 S. Pine Island Road

Plantation, Florida 33324

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

Donato A. DelPrete

1541 SW 12th Avenue

(P.O. Box NOT acceptable)

Ocala, Florida 34471

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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.

Danny DelPrete (Signature of an officer or director)

Danny DelPrete, President (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.

Donato A. DelPrete (Signature of Registered Agent)

DEC-27-07 (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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