## P06000132717

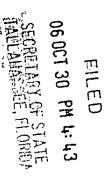
(Re	equestor's Name)				
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RA. Chark

C. Coulliette OCT 3 1 2006

## **COVER LETTER**

SUBJECT:	F & A AUTO AND TRUCK REPAIRS, INC.			
	(Name of Corporation)			
DOCUMENT NUMBER:	<b>P0600</b> 0132717			
The enclosed Statement of C	Change of Registered Office/Agent and fee are submitted for filing			
Please return all corresponde	ence concerning this matter to the following:			
	ANGEL RODRIGUEZ			
	(Name of Contact Person)			
F&A AUTO AND TRUCK REPAIRS, INC				
	(Firm/Company)			
	4771 S. MILITARY TRAIL			
	(Address)			
	ODEENAODES EL 22462			
<del></del>	GREENACRES, FL 33463			
	(City/State and Zip Code)			
or further information conc	cerning this matter, please call:			
ANGEL RO	ODRIGUEZ at ( 561 ) 966-1630			

Enclosed is a \$35.00 check made payable to the Department of State.

(Name of Contact Person)

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

(Area Code & Daytime Telephone Number)

TO:

Amendment Section

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

statement of char	nge is submitted for a co	orporation organiz	607.1508, or 617.1508, Fl ed under the laws of the Sta ed agent, or both, in the Sta	ate of FLORIDA		
	• •		•			
	The name of the corporation: F&A AUTO AND TRCK REPAIRS, INC.      The principal office address: 4771 S. MILITARY TRAIL, GREENACRES, FL 33463					
3. The mailing ac	ddress (if different):					
4. Date of incorp	oration/qualification:	10/18/2006	Document number:	P06000132717		
5. The name and Florida Depart		rrent registered age	ent and registered office on	file with the		
	FR	RANCISCO J. J	UAREZ			
	47	71 S. MILITAR	Y TRAIL			
	GR	EENACRES, FI	_ 33463			
6. The name and (if changed):	street address of the ne	w registered agent	(if changed) and /or registe			
	Α Α	NGEL RODRI	GUEZ	THED PLED		
715 7th LANE						
	(P.O. Box NOT acceptable)  GREENACRES, FL 33463					
				—— <b>第五 5</b>		
The street address as changed will l	ss of its registered offic be identical.	ce and the street ac	ddress of the business offic	ce of its registered agent,		
Such change was authorized by the	s authorized by resolut e board, or the corpora	ion duly adopted l tion has been noti	by its board of directors of fied in writing of the chan	r by an officer so ge.		
ANGEL RODRIGUEZ, VP (Signature of an officer or director)  (Printed or typed name and title)						
. •	•	istered agent and isions of all statut d accept the oblig ct a change in the g of this change.	•	ity nd complete performance gistered agent. Or, if this I hereby confirm that the		
A Tod			10/20/06			
,,,,	nature of Registered Agent)		(Date)			
If signing on beh	•					
	FEL REDRIGUEZ  /pod 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 CR2E045 (8/05)