## **PO100011905**

(Requestor's Name)		
( <u>A</u> d)	dress)	
(//u	uless)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900298683059

05/11/17--01003--017 \*\*35.00



R. WHITE



## **COVER LETTER**

Division of Corporations

SUBJECT: A | Automotive and Collision Center Inc

DOCUMENT NUMBER: P01000041905

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:

Name of Contact Person

A-1 Automotive and Collision Center, Inc.

151 West Lemon Ave.

Eustis F.L. 32726 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damon Oaden at (352, 589-4988)
Name of Contact Person at (352, 589-4988)
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

TO:

**Amendment Section** 

## 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 + locida.
1. The name of the corporation: A-1 Automotive and Collision Center I 2. The principal office address: 151 West Lemon Ave Eustis TEL 32726
3. The mailing address (if different):
4. Date of incorporation/qualification: 3-3-2017 Document number: P0100041905
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Sisco James E
151 W. Lemon Ave
Eustis, F-C 32726
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Date Damon S  P.O. Box NOT acceptable  Eust 5 F. L. 32-72 6
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.    Janon   Printed or typed name and officer or different printed or different printed or different printed or differen
Typed or Printed Name

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