# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

TREASURER

#### SIGNATURE: CHRISTINE OGDEN

Electronic Signature of Signing Officer/Director Detail

## Entity Name: A-1 AUTOMOTIVE AND COLLISION CENTER, INC.

### **Current Principal Place of Business:**

151 W. LEMON AVE. EUSTIS, FL 32726

### **Current Mailing Address:**

151 W. LEMON AVE. EUSTIS, FL 32726 US

#### FEI Number: 59-3710350

## Name and Address of Current Registered Agent:

OGDEN, DAMON S 151 W. LEMON AVE. EUSTIS, FL 32726 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	P	Title	Т
Name	OGDEN, DAMON S	Name	OGDEN, CHRISTINE
Address	380 EAST LAKE ST	Address	380 EAST LAKE ST
City-State-Zip:	UMATILLA FL 32784	City-State-Zip:	UMATILLA FL 32784

EAST LAKE ST	Address	380 EAST LAKE ST
ATILLA FL 32784	City-State-Zip:	UMATILLA FL 32784

## Certificate of Status Desired: Yes

04/16/2018

FILED Apr 16, 2018 Secretary of State CC6290256462

Date

Date