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**P140006 95958**

\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

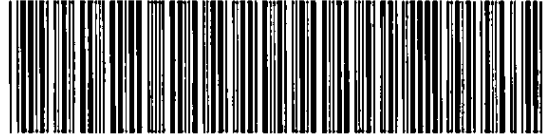
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AUG 14 2017

T. LEMIEUX

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** South Florida Collision Consultants Inc  
Name of Corporation

**DOCUMENT NUMBER:** P14000095958

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:

**Joseph Barone**

Name of Contact Person

South Florida Collision Consultants Inc

Firm/Company

**13376 Compton Road**

Address

**Loxahatchee Groves FL 33470**

City/State and Zip Code

**jbarone115@gmail.com**

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

For further information concerning this matter, please call:

**Joseph Barone**

Name of Contact Person

at ( **561** ) **449-3004**

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: South Florida Collision Consultants Inc
2. The principal office address: 13376 Compton Road Loxahatchee Groves FL 33470
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/26/2014 Document number: P14000095958
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)

Joseph Barone

13376 Compton Road

Loxahatchee Groves FL 33470

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

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by its officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Joseph Barone 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.*

  
Signature of Registered Agent

08/01/2017

Date

If signing on behalf of an entity:

Joseph Barone

Typed or Printed Name

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