

566271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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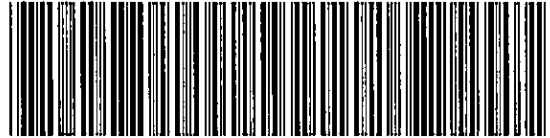
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

To 10/26/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DOWNTOWN TOWING COMPANY
Name of Corporation

DOCUMENT NUMBER: _____

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:

TIMOTHY DEL ROSAL
Name of Contact Person

Firm/Company
1451 NW 20 STREET
Address
MIAMI FL 33142
City/State and Zip Code

accounting@downtowntowing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY DEL ROSAL at (305) 796 - 9649
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303