688449

(Requestor's Name)				
(Äddress)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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12/05/24--01010--018 **35.00

COVER LETTER

	nent Section of Corporations			
SUBJECT: Corv	rette Stainless Steel Brakes, Inc.			
DOCUMENT N	NUMBER: 688449			
The enclosed Sta	itement of Change of Registered Of	fice/Agent and fee are submitted for filing.		
Please return all	correspondence concerning this man	tter to the following:		
Lucas Putz				
Name of Contact	t Person			
CORVETTE STA	AINLESS STEEL BRAKES, INC.			
Firm/Company				
7045 NW 22nd st	suite B			
Address				
Gainesville, FL 32	2653			
City/State and Zi	ip Code			
	sales@cssbinc.com			
E-mail address:	to be used for future annual rep	oort notification)		
Lucas Putz	mation concerning this matter, pleas	se call: at (\frac{352}{\text{Area Code & Daytime Telephone No.}}	2024 DEC	
1	lame of Contact Person	Area Code & Daytime Telephone Ni	ımbet	
Enclosed is a \$3:	5.00 check made payable to the Dep	partment of State.	. <u> 19</u> .	
<u>Ma</u>	uiling Address:	Street Address:	E 0	
	nendment Section	Amendment Section		
יום	Division of Corporations Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of ch	ange is submitted for a corpo	$9502,617.0502,607.1508,or617.1508,Florida Soration organized under the laws of the State of rac{F}{2} (fice or registered agent, or both, in the State of F$	Florida		
1. The name of	the corporation: CORVETT	E STAINLESS STEEL BRAKES, INC.			
		nd St Suite B, Gainesville, FL 32653			
3. The mailing	address (if different): XXXX	XXXXXXXXXXXXXXXX			
4. Date of inco	rporation/qualification: 9/22/	/1980 Document number: 688449			
	nd street address of the currer artment of State: (If resigned,	nt registered agent and registered office on file wi , enter resigned)	th the		
	UNITED STATES REGIST	ERED AGENTS, INC.			
	9300 S. DADELAND BLVD SUITE 600				
	MIAMI, FL 33156		•		
6. The name ar (if changed):		egistered agent (if changed) and /or registered off	īce		
	Lucas Putz		_		
	7045 NW 22nd St Suite B				
	Gainesville, FL 32653	P.O. Box NOT acceptable	2024 SEI W		
The street adde	ress of its registered office a Il be identical.	and the street address of the business office of its	s registered agent.		
		duly adopted by its board of directors or by an has been notified in writing of the change.			
Jun 011	5	Lucas Putz VD	TO 5		
-	ure of an officer or director	Printed or typed name and tit			
I further agree of my duties, a document is be	of the appointment as registe to comply with the provision and I am familiar with and a wing filed merely to reflect a as been notified in writing of	ered agent and agree to act in this capacity. Ons of all statutes relative to the proper and com occept the obligation of my position as registered change in the registered office address, I hereh f this change.	plete performance l agent. Or, if this y confirm that the		
In 1	29	12/02/2024			
	gnature of Registered Agent	Date			
If signing on b	ehalf of an entity:				
Lucas Putz					
	Typed 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 (04/13)