

F09 000000 3201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

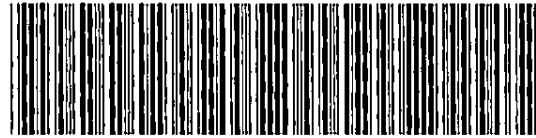
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2023 NOV 17 PM 3:49

RECEIVED
2023 NOV 17 PM 3:49
RECEIVED OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

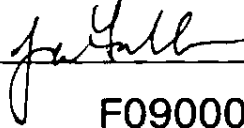
2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$35.00

Authorization Signature: _____ :



GENERAL RV CENTERS INC

F09000003201

BUSINESS NAME

DOCUMENT #

___ Certified Copy

___ Certificate of Status

NEW FILINGS

___ Profit Corp

___ Not for Profit

___ Limited Liability

___ Domestication

___ LLLP

___ CORP

___ Other

___ Other

AMMENDMENTS

☒ **Amendment**

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Revocation of Dissolution

___ Merger

___ Articles of Conversion

___ Restated Articles of Incorporation

___ Statement of Authority

OTHER FILINGS

___ Apostille

___ Country

___ Annual Report

___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Reinstatement

___ Qualification

___ Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: General RV Centers Inc
Name of Corporation

DOCUMENT NUMBER: FO9000002101

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Pollard
Name of Contact Person

General RV Centers Inc
Firm/Company

25000 Assembly Park Dr
Address

Wixom, MI 48393
City/State and Zip Code

Mike Pollard 3030 gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Pollard at 904 3769763
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

FO900000 2101

(Document number of corporation (if known))

1. General RV Centers Inc
(Name of corporation as it appears on the records of the Department of State)
2. MI 3. 09-11-2009
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

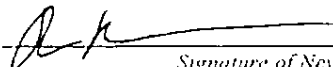
Name of New Registered Agent Michael Ballard

2655 Wilkins Ct DADE COUNTY
(Florida street address)

New Registered Office Address: Jacksonville, Florida 32209
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.




Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pt</u>	<u>Michael Pollad</u>	<u>25000 Assembly Park</u> <u>Dr Wixom, MI 48393</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>Michael Pollad</u>	<u>1577 wells Rd</u> <u>Orange Park FL</u> <u>32073</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Geo</u>	<u>Michael Pollad</u>	<u>4640 nexus wy, north</u> <u>Las Vegas NV 89115</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

 President
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Michael Pollad owner President owner President
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35.00