

F93000004089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REBUILDERS AUTOMOTIVE SUPPLY CO., INC.
(Name of Corporation)

DOCUMENT NUMBER: F93000004089

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:

JOE CAROMILE
(Name of Contact Person)

REBUILDERS AUTOMOTIVE SUPPLY CO., INC.
(Firm/Company)

1650 FLAT RIVER RD
(Address)

CAVENTRY, RI 02916
(City/State and Zip Code)

For further information concerning this matter, please call:

JOE CAROMILE at (401) 832-3030
(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
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 R.I. in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: REBUILDERS AUTOMOTIVE SUPPLY CO., INC.
2. The principal office address: 1450 FLAT RIVER RD
COVENTRY, RI 02816
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/7/93 Document number: F9306004089

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)

WILLIAM H GRADY
5145 LETOURNEAU CIRCLE
TAMPA, FL 34207 RESIGNED

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

JASON GRADY
5145 LETOURNEAU CIRCLE
(P.O. Box NOT acceptable)
TAMPA FL 34207

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

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

Robert J Grady
(Signature of an officer or director)

ROBERT J GRADY PRES.
(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]
(Signature of Registered Agent)

J GRADY
(Date)

If signing on behalf of an entity:

alkfjsaldfj
(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 (8/05)