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SEP 07 2017

COVER LETTER

TO: Amendment Section **Division of Corporations**

King's Wrecker Service, Inc.

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:

Farah Fernandez

Name of Contact Person

King's Wrecker Service, Inc.

Firm/Company

1529 NW||37th Street

Miami, Florida 33142

City/State and Zip Code

kingswreckermiami@yahoo.com

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

For further information concerning this matter, please call:

Farah Fernandez

Name of Contact Person

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

CR2E045 (03/12)

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

	· "	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
-	- · · · · ·	corporation organized under the laws of the State of Florida red office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: NIII9	s Wrecker Service, Inc.
The principal	office address: 1528	NW 37th Street, Miami, FL 33142
	<u>ا</u> ښ	
3. The mailing a	ıddress (if different):	ame as Above
		00404007
4. Date of incorp	 :poration/qualification 	02/12/1987 Document number:
	I street address of the criment of State: (If res	urrent registered agent and registered office on file with the gned, enter resigned)
	Francisco M. C	arcia (Resigned/Please Remove)
	1529 NW 37th	
	Miami, FL 3314	SEP SEP
6. The name and street address of th (if changed):	I street address of the	new registered agent (if changed) and /or registered office
	Farah Fernand	ez 99 0 °
	1529 NW 37th	(
		P.O. Box NOT acceptable
	Miami, FL 3314	¥2 i
The street addreas changed will	ess of its registered of be identical.	fice and the street address of the business office of its registered agent,
Such change wa	is authorized by resolute by are solute by ard, or the corpor	ation duly adopted by its board of directors or by an officer so ration has been notified in writing of the change.
tara	oh to	Farah Fernandez, President
	re of an officer or director	Printed or typed name and title
t hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as re to comply with the pra my duties, and I am fo is document is being f that the corporation h	gistered agent and agree to act in this capacity. Wisions of all statutes relative to the proper and complete Invisions of all statutes relative to the proper and complete Invitar with and accept the obligation of my position as registered Iled merely to reflect a change in the registered office address, I I have been notified in writing of this change.
Jan	ch for	08/17/2017
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
toral	yped or Printed Name	ndez
	,	* * 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 (03/12)