

J87953

Florida Department of State
Division of Corporations
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H130002125123ABCR

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : SHUFFIELD LOWMAN
Account Number : 120030000118
Phone : (407) 581-9800
Fax Number : (407) 581-9801

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: REGISTEREDAGENT@SHUFFIELDLOWMAN.COM

**REGISTERED AGENT CHANGE
TRI-COUNTY TOWING, INC.**

Certificate of Status	0
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DIVISION OF CORPORATIONS
FLORIDA

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**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRI-COUNTY TOWING, INC.

2. The principal office address: 195 LYMAN ROAD
CASSELBERRY, FL 32707

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/15/1999 Document number: J87953

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)

BRIAN M. TAYLOR

195 LYMAN ROAD

CASSELBERRY, FL 32707

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

WILLIAM R. LOWMAN, JR., ESQ.

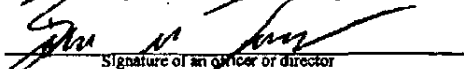
1000 LEGION PLACE, SUITE 1700

P.O. Box NOT acceptable

ORLANDO, FL 32801

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.


Signature of an officer or director

BRIAN M. TAYLOR, PRESIDENT

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 of Registered Agent

9.23.2013

Date

If signing on behalf of an entity:

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 (03/12)

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