

L05536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

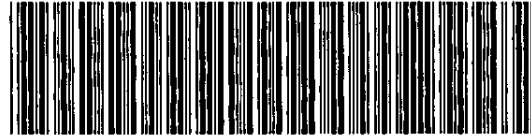
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100277699331

10/16/15--01002--008 **35.00

2015 OCT 16 AM 10:21
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

OCT 19 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COLLISION FASTENER SERVICE, INC.
Name of Corporation

DOCUMENT NUMBER: L05536

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:

JOHN BARBOUR
Name of Contact Person

COLLISION FASTENER SERVICE, INC.
Firm/Company

9123-C SW 22nd STREET
Address

BOCA RATON, FL 33428
City/State and Zip Code

COLLISIONFASTENERSERVICE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN BARBOUR at (954) 600-2971
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

RECEIVED
15 OCT 1995 AM 8:52
CR2E045 (03/12)

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: COLLISION FASTENER SERVICE, INC
2. The principal office address: 9123-C SW 22ND STREET
BOCA RATON, FL 33428
3. The mailing address (if different): 2351 WEST ATLANTIC BLVD.
P.O. BOX 669478, POMPANO BEACH, FL 33066-9478
4. Date of incorporation/qualification: 7/28/1989 Document number: L05536
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)

JOHN BARBOUR
4940 E. SABAL PALM BLVD., BLDG 9 / APT. 103
TAMARAC, FL 33319

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

JOHN BARBOUR
9123-C SW 22ND STREET
P.O. Box NOT acceptable
BOCA RATON, FL 33428

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT 16 AM 10:22

FILED

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

John Barbour
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

10/12/15
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***