

121 000 326 980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

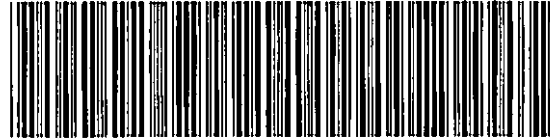
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200371766982

08/19/21--01013--012 ++25.00

FILED

2021 AUG 19 AM 7:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/27/2021
JH

Florida Limited Liability Company
FAT DADDYS TOWING & RECOVERY LLC
Document Number: L21000326980

We have some changes that we are not sure how to change in the system. We are a for profit Limited liability company. Specifically, we are a towing company.

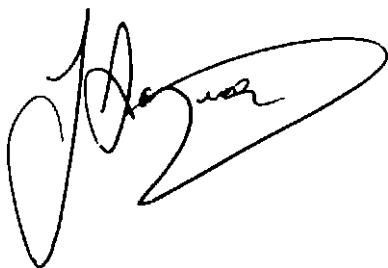
We need to add Fein #: 87-1733727

The Owners as well as Authorized persons for this company are:

ALMON, TRENT G
910 LAKE JESSIE DRIVE
WINTERHAVEN, FL 33881

DOZIER, JESSICA M
2941 GALAXY LANE
LAKELAND, FL 33801

We need take the Title Mgr to be changed to AMBR for Jessica Dozier and Trent Almon.

A handwritten signature in black ink, appearing to read "Jessica Dozier". The signature is stylized with a large, sweeping loop at the end.A handwritten signature in black ink, appearing to read "Trent Almon". The signature is stylized with a large, sweeping loop at the end.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fat Daddys Towing & Recovery LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA DOZIER

Name of Person

Fat Daddys Towing & Recovery LLC

Firm/Company

2941 Galaxy Lane

Address

Lakeland, FL 33801

City/State and Zip Code

fatdaddystowingandrecovery@yahoo.com

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

For further information concerning this matter, please call:

Jessica Dozier

863

913-4462

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: FAT DADDYS TOWING & RECOVERY LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

2218 SHIRAH ROAD

2218 SHIRAH ROAD

AUBURNDALE, FL 33823

AUBURNDALE, FL 33823

07/19/2021

L21000326980

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
ALMON, TRENT G

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

910 LAKE JESSIE DRIVE

WINTERHAVEN, FL 33881

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

TRENT G ALMON

NEW Registered Office Address:

2218 SHIRAH ROAD

AUBURNDALE, FL 33823

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jessica M Dozier
Signature of a member or authorized representative of a member

JESSICA M DOZIER

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Trent G Almon
Signature of Registered Agent