

M84642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

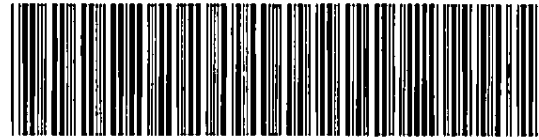
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000333964740

09/11/19--01004--012 **35.00

2019 SEP 11 PM 1:48

R VALLIN
SEP 11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: G & C Car Care Inc.

Name of Corporation

DOCUMENT NUMBER: M84642

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:

Geoffrey Phillips

Name of Contact Person

G & C Car Care Inc.

Firm/Company

800 Capital Street, Unit G

Address

Jupiter, FL 33458

City/State and Zip Code

service@wellingtonprolawn.com

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

For further information concerning this matter, please call:

Geoffrey Phillips

Name of Contact Person

at (561) 790-5296

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

1. The name of the corporation: G & C Car Care Inc.
2. The principal office address: 800 Capital Street, Unit G
Jupiter, FL 33458
3. The mailing address (if different): PO Box 1134
Loxahatchee, FL 33470
4. Date of incorporation/qualification: 06/09/1988 Document number: M84642
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)
Phillips, Geoffrey R.
3132 Fortune Way, Suite D9
Wellington, FL 33414
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
800 Capital Street, Unit G
Jupiter, FL 33458

P.O. Box NOT acceptable

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.

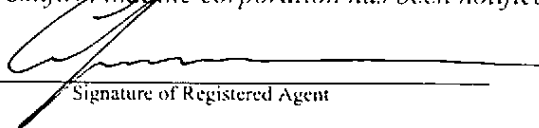


Signature of an officer or director

Geoffrey Phillips - 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

9/9/2019

Date

If signing on behalf of an entity:

Geoffrey Phillips

Typed or Printed Name

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