

PD1000025441

(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



100267250921

100267250921
01/05/15--01023--002 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JAN -5 PM 3:14

CL
1-18-15

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: SIMPLY THE BEST CARWASH INC
2. The principal office address: 4790 RADIO RD NAPIES FL 34104
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3-12-2001 Document number: PO10000 25441
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)

RESIGNED

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

CHRISTOPHER C Cox

4790 RADIO RD NAPIES FL 34104

P.O. Box NOT acceptable

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JAN - 5 PM 3:14

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.

Christopher C Cox
Signature of an officer or director

CHRISTOPHER C Cox 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.

Christopher C Cox
Signature of Registered Agent

12-30-14
Date

If signing on behalf of an entity:

CHRISTOPHER C Cox

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)