

Division of Corporations Electronic Filing Cover Sheet

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> > (((H14000186658 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 : (850)878-536B Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE CERTIFIED AUTO RETRIEVAL SERVICE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Certified Auto Retrieval Service, Inc.

Name of Corporation

DOCUMENT NUMBER

P01000035081

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:

Name of Contact Person

CT Corporation

Fimv/Company

1200 South Pine Island Road

Address

Plantation, Florida 33324

City/State and Zip Code

AP@maketraveleasier.com

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

For further information concerning this matter, please call:

Kelley Husselman

,407 (849-06)

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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes corporation organized under the laws of the State of Fitorida red office or registered agent, or both, in the State of Florida.	
	ifled Auto Retrieval Service, Inc.	
1. The name of the corporation:6751	Fourm Drive, Suite 200 Orlando, Florida 3	2821
2. The principal office address		
3. The mailing address (if different):_		
4. Date of incorporation/qualification:	04/03/2001 Document number: P01000035	081
5. The name and street address of the Florida Department of State: (If res	current registered agent and registered office on file with the igned, enter resigned)	
Craig Mateer		1
6751 Forum D	rive, Suite 200	SEC ALL
Orlando, Florid	la 32821	RETA AHA
6. The name and street address of the (if changed):	new registered agent (if changed) and for registered office	7 AM SSEE, I
CT Corporatio	n System	am II: 42 Of State E, floric
1200 South Pi	ne Island Road	SEE *£
Dispission Flo	P.O. Box NOT acceptable	
Plantation, Flo	nda 33324	
The street address of its registered of as changed will be identical.	ffice and the street address of the business office of the regist	ered agent,
	lution duly adopted by its board of directors or by an officer pration has been notified in writing of the change. Printed or types some and title	so .
I hereby accept the appointment as if further agree to comply with the proformance of my duties, and I am agent. Or, if this document is being hereby confirm that the corporation	registered agent and agree to act in this capacity. Tovisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as reg filed merely to reflect a change in the registered office addre has been notified in writing of this change.	sistered ess, I
Signature of Registered Ageni	8/7/2014 Daic	
If signing on behalf of an entity:		
Jordan Brown, Assista:	nt Secretary	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO PLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)