

PO20000 20598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

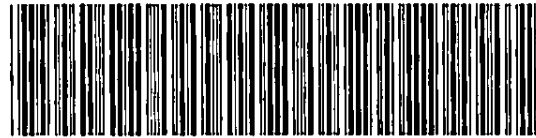
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JUN 03 2019  
C Kinsey

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: AMERICAN AUTO COLLISION CENTER INC.  
Name of Corporation

DOCUMENT NUMBER: PO2000020598

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:

MURY G CESPEDES  
Name of Contact Person

AMERICAN AUTO COLLISION CENTER INC.  
Firm/Company

170 BUSINESS PARKWAY  
Address

ROYAL PALM BEACH FL. 33411  
City/State and Zip Code

AACC MARKETING @ AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACY CESPEDES at ( 561 ) 951 7811  
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

**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: AMERICAN AUTO COLLISION CENTER INC.
2. The principal office address: 170 BUSINESS PARKWAY  
ROYAL PALM BEACH FL. 33411
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/20/2007 Document number: P02000020598
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)

YURY W CESPEDES  
170 BUSINESS PARKWAY  
ROYAL PALM BEACH FL. 33411

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

YURY G CESPEDES  
170 BUSINESS PARKWAY  
ROYAL PALM BEACH FL. 33411

P.O. Box NOT acceptable

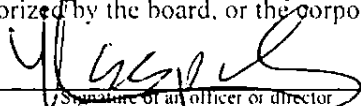
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

YURY G CESPEDES  
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

5 15 2019  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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