

PO5000037545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

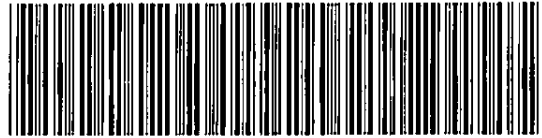
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

return \$35.00 check &
Send a refund for \$20.00

w/p

Office Use Only



900433980579

07/31/24--01005--003 **55.00

2024 SEP -3 PM 3:02
SEP 11 2024
SEP 11 2024

Ra Chang

SEP 11 2024

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: R. Tate's Auto Body Shop, Inc.
Name of Corporation

DOCUMENT NUMBER: PO5000037545

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:

Tina M Seeland
Name of Contact Person

R. Tate's Auto Body Shop, Inc.
Firm/Company

1262 Thurston St.
Address

Weeki Wachee FL 34613
City/State and Zip Code

rtatesautobody@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina M Seeland at (352) 596-3896
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2024

CARLO ZARCONI
R. TATE'S AUTO BODY SHOP, INC.
7262 THURSTON ST.
WEEKI WACHEE, FL 34613

SUBJECT: R. TATE'S AUTO BODY SHOP, INC.
Ref. Number: P05000037545

We have received your document for R. TATE'S AUTO BODY SHOP, INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

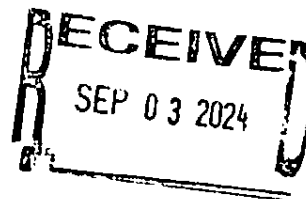
The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 724A00018348



**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: R. Tate's Auto Body Shop, Inc.
2. The principal office address: 7262 Thurston St.
Weeki Wachee FL 34613
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P05000037545
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)
Carlo Zarcone R. Tate's Auto Body Shop, Inc.
7262 Thurston St.
Weeki Wachee FL 34613
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Tina M Seeland R. Tate's Auto Body Shop, Inc.
7262 Thurston St.
P.O. Box NOT acceptable
Weeki Wachee FL 34613

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.

Carlo Zarcone
Signature of an officer or director

Carlo Zarcone
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.

Tina M Seeland
Signature of Registered Agent

8-29-2024
Date

Tina M Seeland
If signing on behalf of an entity:

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 (04/13)