

PO5000083325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

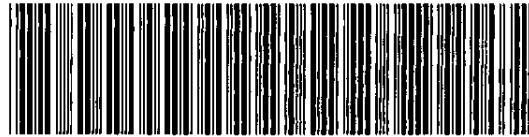
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300201218413

04/12/11--01013--011 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 12 AM 11:05

RA/RU/CHG
@ 4/13/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Beach Towing Services of Miami INC.
Name of Corporation

DOCUMENT NUMBER: P05000083325

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:

Michael Festa
Name of Contact Person

Beach Towing Services of Miami INC.
Firm/Company

1349 Dade Blvd. Suite B
Address

Miami Beach, Florida 33139
City/State and Zip Code

We Live To Eat @ AOL.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Festa at (305) 532-1345 / 534-2128
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: Beach Towing Services of Miami, Inc.
2. The principal office address: 1349 Dade Blvd Suite B
Miami Beach FL 33139
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/07/05 Document number: P050000083325
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)
Festa, Michael
1349 Dade Blvd Suite B
Miami Beach FL 33139
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Levine & Partners PA, Allan Reiss, Esq
1110 Brickell Ave Suite 700
Miami, FL 33131
P.O. Box NOT acceptable

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 12 AM 11:05

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] Michael Festa President
Signature of an officer or director 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.

Allan Reiss 4/6/11
Signature of Registered Agent Date

If signing on behalf of an entity:

X [Signature]
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