## P05000107419

(Requestor's Name)			
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(Cit	y/State/Zip/Phone	#)	
PICK-UP	MAIT WAIT	MAIL	
(Business Entity Name)			
(100	cument Number)		
Certified Copies	_ Certificates	of Status	
		•	
Special Instructions to Filing Officer:			
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: FLORIDA'S FINEST TOWING & RECOVERY INC.  (Name of Corporation)			
DOCUMENT NUMBER: P 05000107619			
'			
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:			
LOUIN L MODANI			
JOHN J. MORAN (Name of Contact Person)			
(Name of Contact Leison)			
FLORIDA'S FINEST TOWING & RECOVERY, INC.			
(Firm/Company)			
P.O.BOX 4406			
(Address)			
HALLANDALE, FL. 33008			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
JOHN J. MORAN  at ( 786 ) 285-7744  (Name of Contact Person) (Area Code & Daytime Telephone Number			
(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  Street Address:  Amendment Section			
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			
Tallahassee, FL 32314 Zoof Executive Center Circle Tallahassee, FL 32301			

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

statement of change	-	607.1508, or 617.1508, Florida Statutes, this d under the laws of the State of FLORIDA d agent, or both, in the State of Florida.	
1. The name of the	corporation: FLORIDA'S FINEST TOWN	NG & RECOVERY, INC.	
2. The principal offi	ice address: 1614 S. DIXIE HWY, FT. LA	AUDERDALE, FL. 33060	
3. The mailing addr	ress (if different): 14151 SW 26 STREE	T, DAVIE, FL. 33325	
4. Date of incorpora	ation/qualification: 07/29/2005	Document number: P 05000107619	
5. The name and str Florida Departme	reet address of the current registered ager ent of State:	nt and registered office on file with the	
JC	OHN MORAN	,	
14151 SW 26 STREET			
D	AVIE, FLORIDA 33325-5008	on wise	
DAVIE, FLORIDA 33325-5008  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  JOHN MORAN  4301 S. FLAMINGO RD. STE 103-109  (P.O. Box NOT acceptable)			
<u>J(</u>	OHN MORAN	्राष्ट्रीय के किया के 	
JOHN MORAN  4301 S. FLAMINGO RD. STE 103-109  (P.O. Box. NOT accentable)			
F-	(P.O. Box NOT acceptable)  FT. LAUDERDALE, FL. 33330		
		dress of the business office of its registered agent,	
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.			
Jehn Jehn (Signature of	of an officer or director)	JOHN MORAN, REGISTERED AGENT (Printed or typed name and title)	
I dereby accept the I further agree to c of my duties, and I document is being j corporation has be	e appointment as registered agent and a comply with the provisions of all statute am familiar with and accept the obliga filed merely to reflect a change in the r een notified in writing of this change.	agree to act in this capacity. is relative to the proper and complete performance ition of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
John Mary	Na	11/27/2007	
(Signatu If signing on behal	ure of Registered Agent)	(Date)	
JOHN J. MORA!	•		
	d or Printed Name)		

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