

P05000122951

(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



700249994127

07/24/13--01006--001 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 JUL 24 AM 11:53

207/26

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mike's Limousine Service Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P05000122951

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:

Sarah Schuchts

Name of Contact Person

Mike's Limousine Service Inc.

Firm/Company

3109 West Tennessee St.

Address

Tallahassee, FL 32304

City/State and Zip Code

limo.mike@hotmail.com

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

For further information concerning this matter, please call:

Sarah Schuchts

Name of Contact Person

at ( 850 ) 562-6453

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: Mike's Limousine Service, Inc.
2. The principal office address: 3109 West Tennessee St.  
Tallahassee, FL 32304
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/06/2005 Document number: P05000122951
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)

Helen Vaughn

1273 Coastal HWY

Panacea, FL 32346

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

Gretchen Tubolino

1701 Crowder Rd.

P.O. Box NOT acceptable

Tallahassee, FL 32303

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 JUL 24 AM 11:53

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.

Michael Vaughn

Signature of an officer or director

Michael Vaughn, President

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]

Signature of Registered Agent

07/15/2013

Date

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 (03/12)