

PO5000126463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

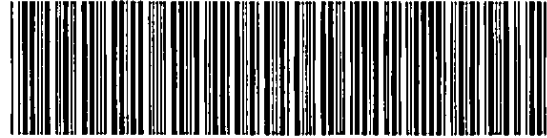
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/24/17--01015--027 **35.00

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SECTION OF 2003 2004

AUG 23 2017

CHUNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OFFERMAN AUTOMOTIVE, INC.
Name of Corporation

DOCUMENT NUMBER: P05000126463

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:

KEVIN OFFERMAN
Name of Contact Person

OFFERMAN AUTOMOTIVE, INC.
Firm/Company

1712 SE 44TH TER
Address

CAPE CORAL, FL 33904
City/State and Zip Code

offerman22@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN OFFERMAN at 239, 340-6055
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

2611 AUG 24 PM 3:00
RECEIVED
DIVISION OF CORPORATIONS

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OFFERMAN AUTOMOTIVE, INC.
2. The principal office address: 1712 SE 44TH TER
CAPE CORAL, FL 33904
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/7/2005 Document number: POS00026463

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)

KEVIN OFFERMAN
1911 SE 20TH ST.
CAPE CORAL, FL 33990

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

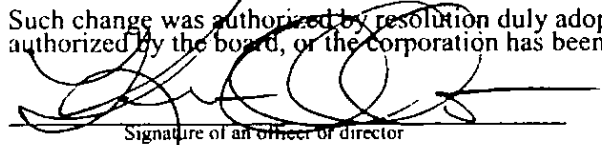
KEVIN OFFERMAN
1712 SE 44TH TER.
CAPE CORAL, FL 33904

P.O. Box NOT acceptable

2017 AUG 24 PM 3:00
DIVISION OF CORPORATIONS

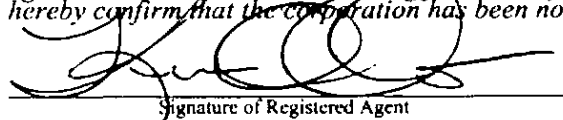
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

KEVIN OFFERMAN, PRES.
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

8/21/17
Date

If signing on behalf of an entity:

KEVIN OFFERMAN
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