

POS 000128081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

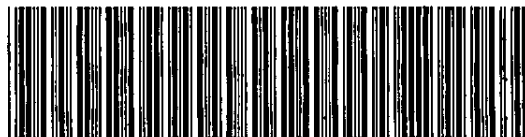
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200285540692

05/10/16--01018--025 **35.00

2016 MAY 10 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 12 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Savits Daniel Travel Center
Name of Corporation

DOCUMENT NUMBER: P05000128081

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:

Monica Savits
Name of Contact Person

Firm/Company

12050 NE 14 Ave
Address

North Miami FL 33161
City/State and Zip Code

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

For further information concerning this matter, please call:

Monica Savits at (305) 710 9485
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

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: Savits Daniel Travel Center Inc
2. The principal office address: 4690 US Hwy 27
Weston FL 33332
3. The mailing address (if different): 12050 NE 14 Ave
North Miami FL 33161
4. Date of incorporation/qualification: 9/16/05 Document number: PO5000128081
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)

Monica Savits
4690 US Hwy 27
Weston FL 33332

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

Monica Savits
12050 NE 14 Ave
North Miami FL 33161

P.O. Box NOT acceptable

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]
Signature of an officer or director

Monica Savits 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

5-5-16
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

CR35045 (02/12)

2016 MAY 10 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED