

PO5000146017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

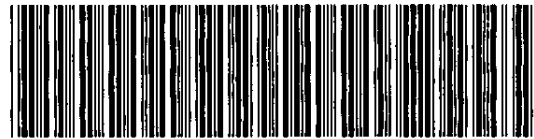
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TALLAHASSEE, FLORIDA

Ra office change

JAN 14 2016

D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Service and Repair, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P05000146017

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:

An Tran

Name of Contact Person

Florida Service and Repair, Inc.

Firm/Company

1200 Oviedo Mall Blvd.

Address

Oviedo, FL 32765

City/State and Zip Code

andytran345@yahoo.com

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

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For further information concerning this matter, please call:

An Tran

Name of Contact Person

at ( 407 ) 252-7973

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 17, 2015

AN TRAN  
FLORIDA SERVICE AND REPAIR, INC.  
1200 OVIEDO MALL BLVD  
OVIEDO, FL 32765

SUBJECT: FLORIDA SERVICE AND REPAIR, INC.  
Ref. Number: P05000146017

We have received your document for FLORIDA SERVICE AND REPAIR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We must have a signature on the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 515A00024239

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16 JAN 11 PM 2:25

**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: Florida Service and Repair, Inc.
2. The principal office address: 1200 Oviedo Mall Blvd.  
Oviedo, FL 32765
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/31/2005 Document number: P05000146017
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)

An Tran

114 Baytree Ct.

Winter Springs, FL 32708

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

An Tran

1200 Oviedo Mall Blvd.

P.O. Box NOT acceptable

Oviedo, FL 32765

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SECRETARY OF STATE

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.

An Tran/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.*

  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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