

P06000116138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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PA to the

SECRETARY OF STATE
TREASURY DEPARTMENT
FLORIDA

10 SEP 15 PM 3:54

Roberts SEP 15 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2010

JOSE L. ALMARALES
PROFESSIONAL SERVICES BOOKKEEPING INC.
736 NW 22ND AVE
MIAMI, FL 33125

SUBJECT: GOODFELLAS TOWING & RECOVERY CORP.
Ref. Number: P06000116138

We have received your document for GOODFELLAS TOWING & RECOVERY CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Jose L. Almarales must sign below in the space provided on the form as registered agent accepting appointment.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 910A00021253

RECEIVED
2010 SEP 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Goodfellas Towing & Recovery Corp.
Name of Corporation

DOCUMENT NUMBER: P06000116138

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:

Jose L Almarales
Name of Contact Person

Professional Services Bookkeeping Inc.
Firm/Company

736 NW 22nd Ave.
Address

Miami, FL 33125
City/State and Zip Code

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

For further information concerning this matter, please call:

Jose L Almarales at (305) 642-3000
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

**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: Goodfellas Towing & Recovery Corp.
2. The principal office address: 5270 NW 2nd. St. Miami, FL 33126
3. The mailing address (if different): 736 NW 22nd Ave. Miami, FL 33125
4. Date of incorporation/qualification: 09/07/2006 Document number: P06000116138
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)

Gilbert Perez (resigned)
5270 NW 2nd. St.
Miami, FL 33126

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

Jose L Almarales
736 NW 22nd Ave.
Miami, FL 33125

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.

Idel Perez
Signature of an officer or director

Idel Perez - 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

09/10/2010
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 (8/05)

10 SEP 15 PM 3:55
SECRETARY OF STATE
FLORIDA