

P06000126348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

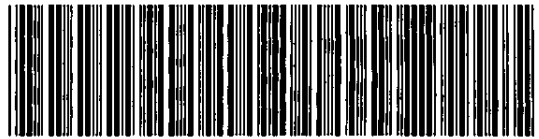
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000162693590

11/20/09--01002--010 **35.00

SECRETARY OF STATE
TALLAHASSEE, FL 32399

09 NOV 20 AM 9:26

FILED

Ro Change

D. CONNELL DEC 01 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Address change "only"
Name of Corporation

DOCUMENT NUMBER: PO 60001V6348

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:

Ingrid Garcia
Name of Contact Person

Poulsen Towing & Recovery Inc
Firm/Company

7380 NW 147 ST. Unit 3
Address

OPA-LOCKA FL 33054
City/State and Zip Code

igarcia1101@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ingrid Garcia at 305-365-5227 (OFF.)
Name of Contact Person Area Code & Daytime Telephone Number
954-652-9745 (CELL)

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

1. The name of the corporation: Boulevard Towing & Recovery, Inc.
2. The principal office address: 1380 NW 147 ST. Unit 3
OPA-LOCKA, FL 33054
3. The mailing address (if different): 1825 S. OCEAN DR. APT. 204
HALLANDALE FL 33009
4. Date of incorporation/qualification: 10/07/06 Document number: P06000126348
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)

Ingrid Garcia
8530 NW 64 ST.
MIRAMI, FL 33166

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

Ingrid Garcia
1380 NW 147 ST. Unit 3
OPA-LOCKA, FL 33054

SECRETARY OF STATE
TALLAHASSEE, FL 32399

09 NOV 20 AM 9:26

FILED

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.

Ingrid Garcia
Signature of an officer or director

Ingrid Garcia, 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.

Ingrid Garcia
Signature of Registered Agent

11/11/09
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)