

P06000137474

(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



300149850293

04/20/09--01059--007 **35.00

FILED
2009 APR 20 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

4-24-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: N & P Body Shop, Inc.
(Name of Corporation) ■

DOCUMENT NUMBER: P06000137474

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:

Alfonso Serrano
(Name of Contact Person)

N & P Body Shop, Inc.
(Firm/Company) ■

284 S.W. 6 Avenue
(Address)

Homestead, Fl. 33030
(City/State and Zip Code)

For further information concerning this matter, please call:

Alfonso Serrano at (786) 356-9970
(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: N & P Body Shop, Inc.
2. The principal office address: 284 S.W. 6 Avenue
Homestead, Fl. 33030
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/30/2006 Document number: P06000137474
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)

WILLIAMS, ANNAKAYE ESQUIRELAW OFFICES OF

ANNAKAYE WILLIAMS, P.A.10673

NORTH KENDALL DRIVEMIAM FL 33176 US

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

Alfonso Serrano

284 S.W. 6 Avenue

(P.O. Box NOT acceptable)

Homestead, Fl. 33030

FILED
2009 APR 20 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Alfonso Serrano
(Signature of an officer or director)

Alfonso Serrano
(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.

Alfonso Serrano
(Signature of Registered Agent)

4/17/09
(Date)

If signing on behalf of an entity:

Alfonso Serrano
(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)