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COVER LETTER

TO:

Amendment Section Division of Corporations

SURJECT: MICHEL AUTO REPAIRS CORP

Name of Corporation

DOCUMENT NUMBER: P06000137535

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:

MICHEL GARCIA

Name of Contact Person

MICHEL AUTO REPAIRS CORP.

Firm/Company

2922 JOHNSON STREET

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

MICHELAUTOREPAIR@HOTMAIL.COM

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

For further information concerning this matter, please call:

MICHEL GARCIA

,954

927-6421

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, 617.050 statement of change is submitted for a corporation organing in order to change its registered office or regist	nized under the laws of the State of FLORIDA
1. The name of the corporation: MICHEL AUTO R	
2. The principal office address: 2922 JOHNSON	STREET, HOLLYWOOD, FL 33020
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/30/2006	Document number: P06000137535
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)	agent and registered office on file with the
MARQUEZ, PABLO J 6770 TAFT STREET HOLLYWOOD, FL 33024 US	STALS STALS
6. The name and street address of the new registered age (if changed): NIURKA HERRERA	ent (if changed) and /or registered office
2922 JOHNSON STREET	
P.O. Box NO	Γacceptable
HOLLYWOOD, FL 33020	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board of the corporation has been no	
Signature of any other or director	NIURKA HERRERA - VP
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to refi hereby confirm that the corporation has been notified i	nd agree to act in this capacity. Tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I in writing of this change.
	05/16/2015
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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