PD6000138584

(Re	equestor's Name)	-
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sanchez Auto Sales CO Name of Corporation Poll Son 2 COS SUI
DOCUMENT NUMBER: 1000038589
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:
Sanchez Auto Sales CO. Firm/Company Auto Auto
Address
Ocala H 34480 City/State and Zip Code
Sarchezauto Sales Damail. (om E-mail address: (to be used for future annual coport notification)
For further information concerning this matter, please call: Sicka Sanche2 Name of Contact Person at (352) 258-6597 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



November 27, 2018

ERICKA SANCHEZ SANCHEZ AUTO SALES, CO. 6400 S. PINE AVE OCALA, FL 34480

SUBJECT: SANCHEZ AUTO SALES, CO.

Ref. Number: P06000138584

We have received your document for SANCHEZ AUTO SALES, CO. 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 are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please list the current information for the registered agent in part 5 and the new registered agent in part 6 of the form.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 418A00024177

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 TONGA. in order to change its registered office or registered agent, or both, in 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: While Huto Sales CO.
2. The principal office address: 2400 North 5T
Hensacola +1 32505
3. The mailing address (if different): 1913 bowhill Place
tensacola +1 32526
4. Date of incorporation/qualification: 11 12006 Document number: 101000138584
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)
Sanchez Ericka
1913 Brouhill Place
Pensacola 71 32526
1 Sacola +1 32526 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Sanchez Ericka
(0400) fine Abre
Ocala 7134480
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.
Evicka Sanchez (president) Evicka Sanchez (president)
Thereby 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
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 * * *