## Po/wo12506

(Requestor's Name)	
(Address)	1
(Address)	'
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: TOW Master Auto Transport II

DOCUMENT NUMBER: PO700012500

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:

(Name of Contact Person)

PROGRESSIVE REALESTATE 2000 IN (Firm/Company)

16921 NE 6Ave

N MiAmi Beach FL 33/62
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (FBO) 258 CO 34 (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

## $_{\star\star}$ -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: TOW MASTER TRANSPORTER IT
2. The principal office address: 16921 NE 640e.
North Miami Beach FC 33/C2
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: <u>SAN 30, 2007</u> Document number: <u>P07000012506</u> .
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Tow Master Auto TRANSPORT IT
Town Master Auto TRANSPORT II 5716 RODMAN ST HOLLY WOOD, FL 33023
O7. A SECH TALLA
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
N. Miami Beach FL 33162  (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.
Cunt Francis (Signature of an officer or director)  Cunt Francis (Printed of 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 of Registered Agent) 4/27/0 (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 \* \* \*