

P07000013482

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MR. AUTO INSURANCE OF NORTHSIDE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000013482

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:

JAMES A. REED

(Name of Contact Person)

MR. AUTO INSURANCE OF NORTHSIDE, INC.

(Firm/Company)

1441 DUNN AVE. STE 29

(Address)

JACKSONVILLE, FLORIDA 32218

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES A. REED

(Name of Contact Person)

at (904) 751-5522

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2008

JAMES A. REED
1441 DUNN AVE., SUITE 29
JACKSONVILLE, FL 32218

SUBJECT: MR. AUTO INSURANCE OF NORTHSIDE, INC.
Ref. Number: P07000013482

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 608A00041623

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2008 JUL 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: MR. AUTO INSURANCE OF NORTHSIDE, INC.
2. The principal office address: 1441 DUNN AVE. STE 29
JACKSONVILLE, FLORIDA 32218
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/30/2007 Document number: P070000134
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

~~MR. AUTO INSURANCE OF NORTHSIDE, INC.~~

JAMES REED

1268 EDGEWOOD AVE WEST STE. 2

JACKSONVILLE, FLORIDA 32208

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

~~MR. AUTO INSURANCE OF NORTHSIDE, INC.~~

JAMES A. REED

1440 DUNN AVE. STE 29

(P.O. Box NOT acceptable)

JACKSONVILLE, FLORIDA 32218

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.

James A. Reed
(Signature of an officer or director)

JAMES A. REED

(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.

James A. Reed
(Signature of Registered Agent)

06/24/2008

(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