## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

Account Name Account Number: I19990000150

: BUSH ROSS, P.A.

Phone

: (813)224-9255

Fax Number : (813)223-9620 Celeste Perrino

## REGISTERED AGENT CHANGE

MASTER COLLISION REPAIR OF SOUTH SHORE, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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### **COVER LETTER**

	mendment Section ivision of Corporations				
	174Blodd of Golffermonia				
SUBJEC	T: Master Collision Repair of S	outh Shore, Inc.			
	(Name of Cor	poration)			
DOCUM	ENT NUMBER: P0700003142	3			
	osed Statement of Change of Registered O turn all correspondence concerning this m	ffice/Agent and fee are submitted for filing. atter to the following:			
	Coleste Pe	rrino			
	(Name of Con				
	Bush Ros	ss, P.A.			
	(Firm/Co				
•	1801 North H	ichland Avenue			
1801 North Highland Avenue (Address)					
	Tampa, Florida 33626				
	(City/State and				
For furth	ex information concerning this matter, plea	ase call:			
	cleste Perrino at (_	813 ) 204-6425			
Ú	Name of Contact Person)	(Area Code& Daytime Telephone Number)			
Enclosed	is a \$35.00 check made payable to the De	epartment of State.			
	Mailing Address:	Street Address:			
	Amendment Section	Amendment Section			
	Division of Corporations	Division of Corporations			

CR2E045 (8/05)

(((H0800012286 3)))

P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, 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:	Master Collision Repair of South Shore, Inc.		
2.	The principal office address:	2020 College Avenue E., Ruskin, FL 33570		
3.	The mailing address (if different):	P. O. Box 290298, Tampa, FL 33687		
4.	Date of incorporation/qualification:	03/09/2007 Document number: <u>P07000031423</u>		
5.	The name and street address of the cur Florida Department of State:	rent registered agent and registered office on file with the		
	Joseph A. Probasco	ow registered agent (if changed) and for registered office		
	220 S. Franklin Street			
	Tampa, FL 33602		2	
(if changed):				
	Bush Ross Reg	nistered Agent Services, LLC 22 23 24 25 25 25 25 26 25 26 26 26 26 26 26 26 26 26 26 26 26 26	2	
	1801 North Hig	ghland Avenue	2	
	Tampa, Florida	33602	22	
	ne street address of its registered office changed will be identical.	and the street address of the business office of its registered agent,		
	tch change was authorized by resolution the board, or the corporation has been	<u> </u>		
_	Signature of an officer or direct	DAVIO M MIT effect, Pres.  (Printed or typed name and title)		
I j of do	urther agree to comply with the provis my duties, and I am familiar with and	ered agent and agree to act in this capacity.  ions of all statutes relative to the proper and complete performance  accept the obligation of my position as registered agent. Of, if this a change in the registered office address, I hereby confirm that the of this change.  ACC SD 2008  (Date)		
If —	signing on behalf of an entity:  (Typed of Printed Name)	2 Roser		
	* *	* FILING FEE: \$35.00 * * *		
		PAYABLE TO FLORIDA DEPARTMENT OF STATE DEPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314		

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