## 207000099962

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PiCK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
1
Special Instructions to Filing Officer:
·
·
•

Office Use Only



000129584350

05/19/08--01011--009 \*\*35.00

lo chy

O8 JUN -6 FM I: U3

T. Poberts . JUN 09 2008



May 23, 2008

KIMBERLY A. GROSSMAN 131 NE 7TH AVENUE BOCA RATON, FL 33483

SUBJECT: EDGE AUTOMOTIVE REPAIR, INC.

Ref. Number: P07000099962

We have received your document for EDGE AUTOMOTIVE REPAIR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

New registered agent must sign form below.

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) 245-6892.

Letter Number: 408A00032844

Tina Roberts
Regulatory Specialist II

## **COVER LETTER**

Division of Corporations
SUBJECT: Edge Automotive Repair, (nc. (Name of Corporation)
DOCUMENT NUMBER: P07000099962
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)
(Firm/Company)
131 NE 7th Avenue (Address)
Boca Raton CL 33483 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (56), 719.3538 (Area Code & Daytime Telephone Number)
(Maine of Contact Felson)
Englosed is a \$35.00 check made payable to the Department of State

a is a \$55,00 check made payable to the Department of

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, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
statement of change is submitted for a corporation organized under the laws of the State of for da in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Edge Automotive Repair, Inc.	
2. The principal office address: 4048 NW 1St Avenue	
Boca Raton, M 33431	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 9/7/2007 Document number: P0 70000999 6 2	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Michael Grossman	
Michael Grossman 4040 NW 1st Averye	
Boca Raton Fe 33431	
Eg E	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	FILE
Michael Levy Pag 3	
4040 NW 1St Avenue	)
(P.O. Box NOT acceptable)	,
Boca Raton, FL 33431	
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.	
(Signature of an other or director) (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.	
(Signature of Registered Agent)  5/14/09 (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)  (Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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