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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: BUSH ROSS, P.A. Account Name Account Number: Il9990000150 Phone : (813)224-9255

Fax Number

: (813)223-9620

REGISTERED AGENT CHANGE

MASTER COLLISION REPAIR OF BRANDON, INC.

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

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Corporate Filing Menu

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5/5/2008

T.Roberts MAY 0 6 200%

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COVER LETTER

To:	Amendment Section Division of Corporations								
SUBJECT: Master Collision Repair of Brandon, Inc.									
(Name of Corporation)									
DOC	UMENT NUMBER:	P0700011183	4						
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:									
		Celeste Pe	πίρο						
		(Name of Con	tact Pers	on)					
		Rush Ros	е РА						
	Bush Ross, P.A. (Firm/Company)								
	•	· ,							
1801 North Highland Avenue									
(Address)									
	(City/State and Zip Code)								
For further information concerning this matter, please call:									
	Celeste Perrino	at (_	813) 204-6425					
	(Name of Contact Person)			code& Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.									
	Mailing Add	iress:		Street Address;					
	Amendment	Section		Amendment Section					
	Division of C			Division of Corporations					
P.O. Box 6327			2661 Executive Center Circle						

Tallahassee, FL 32314

CR2E045 (8/05)

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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:	he name of the corporation: Master Collision Repair of Brandon, Inc.						
2. The principal office address:	9002 Adamo Drive, Tampa, FL 33619						
3. The mailing address (if different):	P. O. Box 290298, Tampa, FL 33687						
Date of incorporation/qualification: 10/10/2007 Document number: P07000111834							
5. The name and street address of the cur Florida Department of State:	crent registered agent a	and registered office on file with the	ŀ				
_ Joseph A. Probasco			置に	80			
220 S. Franklin Street	220 S. Franklin Street						
<u>Tampa, FL 33602</u>				HAY-			
6. The name and street address of the ne (if changed):	ew registered agent (if	changed) and /or registered office	ALC:	-5 A			
Bush Ross Rep	ristered Agent Service	s. LLC	170	=			
1801 North Hi	ghland Avenue		至	AM 10: 0			
<u>Tampa, Florida</u>	a 33602						
The street address of its registered office as changed will be identical. Such change was authorized by resolution by the board or the corporation has been	n duly adopted by its b	oard of directors or by an officer so					
		DAVID M MITO	HAL				
(Signature of an officer or direct	or)	(Printed or typed name and tit	e)				
I hereby accept the appointment as regist I further agree to comply with the provis of my duties, and I am familiar with and document is being filed merely to reflect corporation has been notified in writing a (Signature of Registered Agent) If signing on behalf of an entity:	sions of all statutes rei i accept the obligation it a change in the regi- of this change.	lative to the proper and complete j to of my position as registered agen	t. Of, if	this			
(Typed or Printed Name)							
* * * FILING FEE: \$35.00 * * *							
	payable to Florida D drporations, P.O. Box	epartment of State (6327, Tallahassee, FL 32314					

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