

1
Po8000027651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

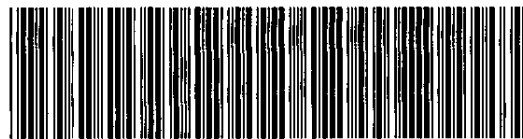
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/13/10--01029--003 **35.00

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10 OCT 29 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRACY
DEC
11/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AUTO DORAL COLLISION INC
Name of Corporation

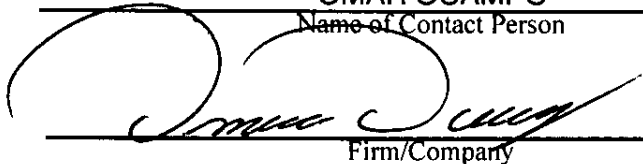
DOCUMENT NUMBER: P08000027651

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:

OMAR OCAMPO

Name of Contact Person



Firm/Company

8264 NW 58 ST

Address

DORAL FL 33166 US

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OMAR OCAMPO

Name of Contact Person

at (786)

355-4024

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



RECEIVED

10 OCT 29 AM 10:30

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 17, 2010

OMAR OCAMPO
8264 NW 58 ST
DORAL, FL 33166

SUBJECT: AUTO DORAL COLLISION INC
Ref. Number: P08000027651

We have received your document for AUTO DORAL COLLISION 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):

The registered agent must sign accepting the designation.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 710A00019674

**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: AUTO DORAL COLLISION INC
2. The principal office address: 8264 NW 58 ST
DORAL FL 33166
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/17/2008 Document number: P08000027651
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

HERRERA, LUZ

8264 NW 58 ST

DORAL FL 33166

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

OMAR OCAMPO

8264 NW 58 ST

P.O. Box NOT acceptable

DORAL FL 33166

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10 OCT 29 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

X


Signature of an officer or director

LUZ HERRERA, PRESIDENT

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

08/06/2010

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

CR2E045 (8/05)