P0900006662

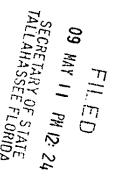
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)	_				
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☐ PICK-UP ☐ WAIT ☐ MAIL					
(Business Entity Name)	_				
(Document Number)					
Cartification of Status					
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Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Central Florida Recovery and Towing, Inc. Name of Corporation						
DOCUMENT NUI	MBER: P09	000006662				
The enclosed Staten	nent of Change of Registered Offic	ce/Agent and fee are submitted	for filing.			
Please return all correspondence concerning this matter to the following:						
_	Alexander Rivero					
Name of Contact Person						
Central Florida Recovery & Towing, Inc. Firm/Company						
	_	,				
1455 W. Landstreet Road, Suite 409						
Address						
Orlando, FL 32824 City/State and Zip Code						
City/State and Zip Code						
cfrtowing@yahoo.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	lexander Rivero	at (407) Area Code & Daytime	344-0403			
Nam	e of Contact Person	Area Code & Daytime	Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.						
	o oncon made payable to the isopat					
	Mailing Address:	Street Address:				
	Amendment Section	Amendment Secti	=			
	Division of Corporations	Division of Corpo	orations			
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive C Tallahassee, FL 3				

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation or i r to change its registered office or i	organizea	under the laws of the Stat	e of Florida
	the corporation: Central Florid			•
	office address: 1455 W. Landst			
Orlando, F				
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 01/22/2	2009	_ Document number:	P09000006662
	I street address of the current register tment of State: (If resigned, enter re		and registered office on fi	ile with the
	Alexander Rivero / Central	Florida	Recovery & Towing,	Inc.
	3164 Via Palma Lane			
	Kissimmee, FL 34744			09 SEC TALL
6. The name and (if changed):	street address of the new registered	d agent (it	changed) and /or registere	PAY II
	1455 W. Landstreet Road,	Suite 40)9	.ED P# CeFts
	Orlando, FL 32824			SIA SIA
	Р.О. В	ox NOT acc	eptable	24 TE 10 _A
The street addre	ess of its registered office and the s be identical.	street add	ress of the business office	e of its registered agent,
Such change was authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	dopted by en notific	its board of directors or led in writing of the chang	by an officer so e.
20	e of an officer of director	_	Alexander River Printed or typed name	e and title
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ent and ag ll statutes le obligat e in the re lange.	gree to act in this capacit relative to the proper an ion of my position as regi gistered office address, I	y, d complete performance istered agent. Or, if this hereby confirm that the
	and the second s	_	05/06/2	009
_	half of an antitu		Date	
it signing on be	half of an entity:			
	yped or Printed Name			

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