

P10000037597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POSSIBILITY AUTO SALES CORPORATION
Name of Corporation

DOCUMENT NUMBER: P10000037597

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:

THOMAS J PREWITT

Name of Contact Person

POSSIBILITY AUTO SALES CORPORATION

Firm/Company

PO BOX 23071

Address

FT LAUDERDALE, FL 33307

City/State and Zip Code

DEBBIE@GOPBS.BIZ

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

For further information concerning this matter, please call:

THOMAS J PREWITT

Name of Contact Person

at (561)

393-9802

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2010

THOMAS PREWITT
P.O. BOX 23071
FT. LAUDERDALE, FL 33307

SUBJECT: POSSIBILITY AUTO SALES CORPORATION
Ref. Number: P10000037597

We have received your document for POSSIBILITY AUTO SALES CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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: 010A00014377

**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: POSSIBILITY AUTO SALES CORPORATION
2. The principal office address: 4701 SW 45TH STREET DAVIE, FLORIDA 33314
3. The mailing address (if different): PO BOX 23071 FT LAUDERDALE, FLORIDA 33307
4. Date of incorporation/qualification: 4/30/2010 Document number: P10000037597
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)

THOMAS J PREWITT

4701 SW 45TH STREET

DAVIE, FLORIDA 33314

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

THOMAS J PREWITT

141 NW 20TH STREET SUITE B-5

P.O. Box NOT acceptable

BOCA RATON, FLORIDA 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.

X 
Signature of an officer or director

THOMAS J PREWITT
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.

X 
Signature of Registered Agent

07/02/2010
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA