

P1000099096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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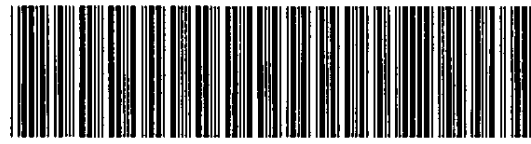
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bassett Towing & Recovery, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P10000099096

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:

Ronald D. Bassett

Name of Contact Person

Bassett Towing & Recovery, Inc.

Firm/Company

5411 Kinkaid Rd.

Address

Jacksonville, FL 32244

City/State and Zip Code

tl727@aol.com

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

For further information concerning this matter, please call:

Ronald D. Bassett

Name of Contact Person

at ( 904 ) 5883522

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

**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: Bassett Towing & Recovery, Inc.

2. The principal office address: 5411 Kinkaid Rd., Jacksonville, FL 32244

3. The mailing address (if different): 5411 Kinkaid Rd., Jacksonville, FL 32244

4. Date of incorporation/qualification: 12/8/2010 Document number: P10000099096

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)

Ronald D. Bassett

10107 Parman Rd

Jacksonville, FL 32222

please change this address →

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

Ronald D. Bassett

5411 Kinkaid Rd.

P.O. Box NOT acceptable

Jacksonville, FL 32244

to this address →

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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.

Ronald D. Bassett  
Signature of an officer or director

Ronald D. Bassett 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.

Ronald D. Bassett  
Signature of Registered Agent

07/26/2013  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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