

P1100000000 95

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

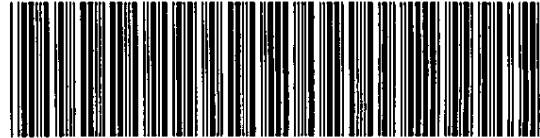
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Special Instructions to Filing Officer:

Spoke with Mr. Mathura on  
11/15/16.

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Office Use Only



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S. TALLENT

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16 NOV 18 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2016

RAMPERSAD MATHURA  
CHAZ AUTO REPAIR SERVICE INC  
3425 NORTH 15TH STREET  
TAMPA, FL 33605

SUBJECT: CHAZ AUTO REPAIR SERVICE INC.  
Ref. Number: P11000000095

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 316A00023742

## COVER LETTER

TO: Amendment Section  
TO: Amendment Section  
Division of Corporations

SUBJECT: chaz auto repair service inc  
Name of Corporation

DOCUMENT NUMBER: p11000000095

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:

rampersad mathura

Name of Contact Person

chaz auto repair service inc

Firm/Company

3425 north 15th street

Address

TAMPA FLORIDA 33605

City/State and Zip Code

math005@aol.com ✓

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

For further information concerning this matter, please call:

rampersad mathura

Name of Contact Person

813 716 4211  
at ( )

Area Code & Daytime Telephone Number

Enclosed is a \$25.00 check made payable to the Department of State.  
Enclosed is a \$55.00 check made payable to the Department of State.

VERIFIED MAILING:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

OFFICE MAILING:  
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 944.424, 944.424, 944.424, or 944.424, 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: chaz auto repair service inc
2. The principal office address: 520 e floribaska ave tampa fl 33603
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/20/11 12/30/2010 Document number: p11000000095

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)

520 e floribaska ave tampa fl 33603

Rampersad Mathura

1612 Carter Oaks Dr Valrico Fl 33596

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

3425 north 15th street tampa fl 33605

P.O. Box NOT acceptable

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.

Rampersad Mathura  
Signature of an officer or director

rampersad mathura 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.

10/25/2016

10/25/2016

Signature of Registered Agent

Date

If signing on behalf of an entity:

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TALLAHASSEE, FLORIDA