

P120000 25541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

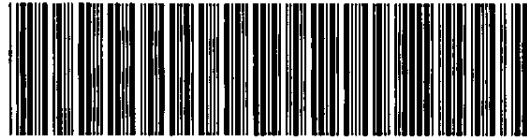
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900265401059

10/16/14--01019--021 **70.00

FILED
OCT 16 AM 9:59
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

OCT 17 2014
C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2014

ANTHONY LIUZZI
AUTO THEFT TASK FORCE, INC.
PO BOX 816575
HOLLYWOOD, FL 33021

SUBJECT: AUTO THEFT TASK FORCE, INC
Ref. Number: P12000025541

We have received your document for AUTO THEFT TASK FORCE, INC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

There is a balance due of \$70.00. Refer to the attached fee schedule for a
breakdown of the fees. Please return a copy of this letter to ensure your money is
properly credited.

CORPORATIONS BASIC FEES

Profit and NonProfit
Florida & Foreign Corp.

| | |
|------------------|---------|
| Filing Fees | \$35.00 |
| Registered Agent | |
| Designation | \$35.00 |
| Certified Copy | \$8.75 |

Certified Copy of any record \$8.75
plus a \$1 per pageover 8 pages not to exceed \$52.50

Reinstatement
Profit corp. \$600.00
Non Profit Corps. \$175.00
Annual Report/Uniform Business Report \$61.25
plus Supplemental Fee of \$88.75 (profits only)

| | |
|---------------------------|---------|
| Articles of Correction | \$35.00 |
| Revocation of Dissolution | \$35.00 |
| Dissolution & Withdrawal | \$35.00 |
| Amendment of any record | \$35.00 |

| | |
|---|------------------------|
| Certificate of Status | \$ 8.75 |
| Foreign Name Registration | \$87.50 |
| Foreign Name Renewal | \$87.50 |
| Merger | \$35.00 for each party |
| Substitute Service of process (Chapter 48) | \$8.75 |
| Registered Agent Change | \$35.00 |
| Registered Agent Resignations | |
| Active Corporations | \$87.50 |
| Inactive Corporations | \$35.00 |
| Resignation of Officer/Director | \$35.00 |
| Trade & Service Marks | \$87.50 per class |
| Trade & Service Marks Renewals | \$87.50 per class |
| Trade & Service Mark Assignments | \$50.00 |

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 914A00020761

**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 Theft Task Force, INC.
2. The principal office address: 4238 Hollywood Blvd, Suite 104
Hollywood, FL 33021
3. The mailing address (if different): PO Box 816575
Hollywood, FL 33021
4. Date of incorporation/qualification: 3/14/2012 Document number: P12000025541
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)

JUSTEN HOVEY
3491 PALM MAIL DR. #108
JACKSONVILLE, FL 32257

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

Anthony Luzzi
4238 Hollywood Blvd, Suite 104
Hollywood, FL 33021
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.

[Signature]
Signature of an officer or director

Anthony Luzzi 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]
Signature of Registered Agent

8/3/14
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 (03/12)