

P12000034769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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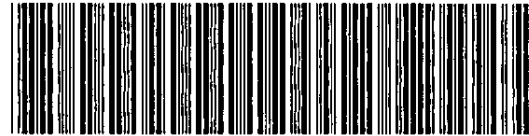
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Southwest Florida Recovery and Towing INC.  
Name of Corporation

DOCUMENT NUMBER: P12000034769

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:

James DiRocco  
Name of Contact Person

Southwest Florida Recovery and Towing INC.  
Firm/Company

2546 Stickney Point Rd.  
Address

SARASOTA FL. 34231  
City/State and Zip Code

JJDiR72@Hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James DiRocco at ( 941 ) 400-6491  
Name of Contact Person 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: SOUTHWEST FLORIDA RECOVERY AND TOWING INC.
2. The principal office address: 2546 STICKNEY POINT RD SARASOTA FL 34231
3. The mailing address (if different): P.O. BOX 20123 SARASOTA FL 34276
4. Date of incorporation/qualification: 4/11/12 Document number: P12000034769
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)

2563 WANGTA DR  
SARASOTA FLORIDA 34231

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

2546 STICKNEY POINT RD  
SARASOTA FL 34231

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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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.

James DiRocco  
Signature of an officer or director

JAMES DIROCO  
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.

James DiRocco  
Signature of Registered Agent

8/20/13  
Date

If signing on behalf of an entity:

JAMES DIROCO  
Typed or Printed Name

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