

P/2000077558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Daytona Repair PO INC
Name of Corporation

DOCUMENT NUMBER: P1 2000077558

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:

Lee Godfrey
Name of Contact Person

Daytona Repair PO Inc
Firm/Company

1414 Old Moultrie Rd
Address

St Augustine FL 32084
City/State and Zip Code

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

For further information concerning this matter, please call:

Lindsey Fregenti at (904) 3422923
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Daytona Repair PO Inc
2. The principal office address: 1416 Old Moultrie Rd
St Augustine FL 32084
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/12/2012 Document number: PI 2000077558
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)

Lee Godfrey
4612 S Ridgewood Ave
Port Orange FL 32127

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

Lee Godfrey
1416 Old Moultrie Rd
St Augustine FL 32084

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

LEE GODFREY 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

11/12/2015
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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