

P13000006500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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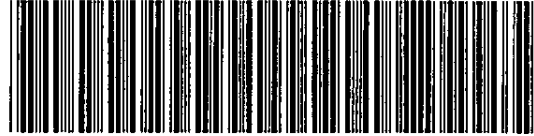
(Business Entity Name)

(Document Number)

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C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA TRUCK & TRAILER REPAIR, INC.
Name of Corporation

DOCUMENT NUMBER: P13000006500

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:

Adriana Nam

Name of Contact Person

Pedrina Services, Inc

Firm/Company

9696 Phipps Lane

Address

Wellington, FL 33414

City/State and Zip Code

pedro_nam@yahoo.com

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

For further information concerning this matter, please call:

Adriana Nam

561

236-5386

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2016

ADRIANA NAM / PEDRINA SERVICES INC
9696 PHIPPS LANE
WELLINGTON, FL 33414 US

SUBJECT: SOUTH FLORIDA TRUCK & TRAILER REPAIR, INC.
Ref. Number: P13000006500

We have received your document for SOUTH FLORIDA TRUCK & TRAILER REPAIR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 116A00001129

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: SOUTH FLORIDA TRUCK & TRAILER REPAIR, INC.
2. The principal office address: 127 S LAUREL DR APT 508 Margate, FL 33063
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/18/2013 Document number: P13000006500

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)

Daniel de Mello

127 S Laurel Dr Apt 508

Margate, FL 33063

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

Adriana Nam

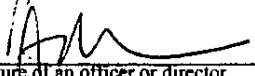
9696 Phipps Lane

P.O. Box NOT acceptable

Wellington, FL 33414


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 of an officer or director

1/27/16 ADRIANA NAM
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 of Registered Agent

1/27/16
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

16 JAN 28 PM 3:04