P13000064145

(Requestor's Name)	
(Address)	
(Address)	-
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
	پـ
(Business Entity Name)	
(Document Number)	
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SECREJARY OF STATE

C. LEWIS

OCT 9 2013

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Adams Auto Rescue Inc. Name of Corporation		
DOCUMENT NUMBER: P1300064145		
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:		
Chad Aclams Name of Contact Person		
Adams Auto Rescue, Inc.		
4200 Community Dr. #515		
West Palm Beach FL 33409 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (561) 797 2886 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Street Address: Amendment Section		

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (03/12)

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 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.	rida	
1. The name of the corporation: Aclams Auto Rescue, Inc.		
2. The principal office address: 4200 Community Dr. #515		
West Palm Beach, FL 33409		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 7/31/13 Document number: P13000	10641	45
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)	·	
Chad Adams		
4371 North lake Blud # 133	AT S	چېد
Palm Beach Gardens, FL 33410	ECRE	3 OE]
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	TARY OF SI IASSEE, FLO	-3 PM :
4200 Community Dr. #515	ATE DRIDA	00
West Palm Beach, El 33409		
The street address of its registered office and the street address of the business office of its regist as changed will be identical.	ered agent	t,
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.	so	
Signature of gn. officer or director Chac Adam S 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 regagent. Or, if this document is being filed merely to reflect a change in the registered office address the confirm that the corporation has been notified in writing of this change.	istered ess, I	
Signature of Registered Agent 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)

APPROVED AND