

P130000 93947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

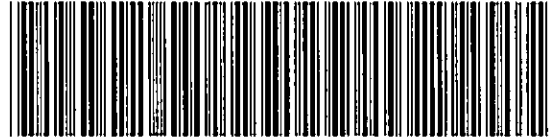
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/20--01009--018 **35.00

APR 17 2020

S. YOUNG

FILED
2020 APR -6 AM 7:14
CLERK OF COURT
JULIA S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARTINS COLLISION CENTER I, INC
Name of Corporation

DOCUMENT NUMBER: P13000093947

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:

HEIDI MARTIN

Name of Contact Person

MARTINS COLLISION CENTER I, INC

Firm/Company

2540 S MYRTLE AVE

Address

SANFORD, FL 32773

City/State and Zip Code

HEIDI@MARTINSCOLLISIONCENTER.COM

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

For further information concerning this matter, please call:

HEIDI MARTIN

Name of Contact Person

at (407) 323-7075

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: MARTINS COLLISION CENTER 1, INC
2. The principal office address: 2540 S MYRTLE AVE
SANFORD, FL 32773
3. The mailing address (if different): 32400 EQUESTRIAN TRAIL SORRENTO, FL 32776
4. Date of incorporation/qualification: 11/19/2013 Document number: P13000093947
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)

DAVID MARTIN

8190 NARROW LEAF POINT

SANFORD, FL 32771

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

DAVID MARTIN

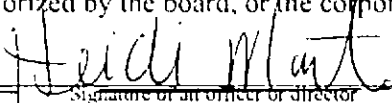
32400 EQUESTRIAN TRAIL

P.O. Box NOT acceptable

SORRENTO, FL 32776

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.

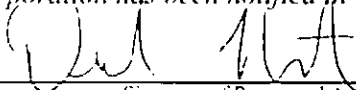


Signature of an officer or director

HEIDI MARTIN VICE 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 of Registered Agent

04/03/2020

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 (04/13)

2020 APR -6 AM 7:14

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