## P14000015196

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	- #N
(Oity)	Clate/Zip/i Holid	- π <i>)</i>
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
	,	,
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	!
	•	i
		į
ī		

Office Use Only



400297484034

04/03/17--01015--010 \*\*35.00

2017 APR -3 PM 1: 1

V HERRING APR - 5 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations Affordable Auto Glass of Central Florida inc Name of Corporation 214000015196 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: John C Kolodgy Name of Contact Person Affordable Auto Glass of Central Florida inc Firm/Company 610 SE 28TH PLACE UNIT C Address Ocala, fl 34471 City/State and Zip Code johnyk626@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John C Kolodgy Name of Contact Person

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Affordable Auto Glass of Central Florida inc
2. The principal	office address: 2853 S Pine Ave, Ocala, Florida 34471
3. The mailing a	address (if different): PO BOX 2525, Ocala, Florida 34478
4. Date of incorp	poration/qualification: 02-17-2014 Document number: P14000015196
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	John C Kolodgy
	610 se 28th place UNIT C
	Ocala, FI 34471
6. The name and (if changed):	Ocala, Fl 34471  I street address of the new registered agent (if changed) and /or registered office
	John C Kolodgy
	2853 S PINE AVE = 3
	P.O. Box NOT acceptable  Ocala, FL 34471
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the comporation has been notified in writing of the change.
Signatu	John C Koloday TRESIDENT
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the earporation has been notified in writing of this change.
Sig	COCO Date 03-28-2017  Date
John	half of an entity:  Note of Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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