

P14000/00001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500275490345

07/31/15--01005--018 \*\*35.00

FILED  
15 JUL 31 PM 3:17  
TALLAHASSEE, FLORIDA

JUL 31 2015

C McNAIR

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MANNY & SONS BODY SHOP, CORP.  
Name of Corporation

**DOCUMENT NUMBER:** P14000100001

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:

Manuel Marin  
Name of Contact Person

CORP.  
Firm/Company

5 Olive Dr. Apt 18  
Address

Hiialeah, FL 33010  
City/State and Zip Code

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

For further information concerning this matter, please call:

MANUEL MARIN at ( 786 ) 327-4018  
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MANUYS & SONS BODY SHOP, CORP.
2. The principal office address: 2545 NW 75th ST  
MIAMI, FL 33147
3. The mailing address (if different): 5 Olive Dr. Apt 18  
Hialeah, FL 33010
4. Date of incorporation/qualification: Feb 03, 2015 Document number: P14000100001
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)

Rita M. Marin  
5 Olive Dr. Apt 18  
Hialeah, FL 33010, Resigned

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

Manuel Marin  
5 Olive Dr. Apt 18  
P.O. Box NOT acceptable  
Hialeah, FL 33010

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.

X / [Signature]  
Signature of an officer or director

Manuel Marin - 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.

X / [Signature]  
Signature of Registered Agent

07/28/2015  
Date

If signing on behalf of an entity:

Manuel Marin  
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