

P1500046361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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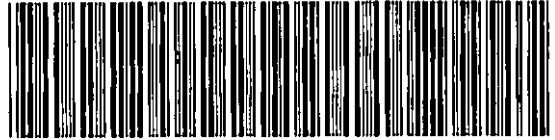
(Business Entity Name)

(Document Number)

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C. GOLDEN

MAR 12 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: H GREG COLLISION AND SERVICE INC.
Name of Corporation

DOCUMENT NUMBER: P15000046361

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:

Chase Sattler

Name of Contact Person

H Greg Collision and Service, Inc.

Firm/Company

9611 NW 7th Avenue

Address

Miami, FL 33150

City/State and Zip Code

chase@hgreg.com

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

For further information concerning this matter, please call:

Chase Sattler

Name of Contact Person

at (**801**) **707-7440**

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: H Greg Collision and Service, Inc.
2. The principal office address: 9611 NW 7th Avenue
Miami, FL 33150
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/22/2015 Document number: P15000046361

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)

Mark Atlas

600 Corporate Drive, Suite 600

Fort Lauderdale, FL 33334

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

Jared L. Gamberg, Esq.

4651 Sheridan Street, Suite 200

P.O. Box NOT acceptable

Hollywood, FL 33021

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.

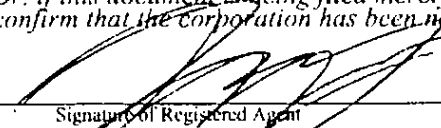


Signature of officer or director



Printed or typed name and title
Krikor Hincapien
President

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

March 1, 2018

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

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