## P15000019183

(Req	uestor's Name)					
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(City	/State/Zip/Phone	e #)				
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## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: South Florida Microcar Inc Name of Corporation P15000079183 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: JOSEPH MAMARI Name of Contact Person JOSEPH MAMARI Firm/Company 9975 Royal Cardigan Way West Palm Beach Fl 33411 City/State and Zip Code jmabaja@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jospeh Mamari Code & Daytime Telephone Number 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 chan	rovisions of sections 607.0502, age is submitted for a corporation to change its registered office o	on organized unde	er the laws of the	State of	Florida
	te corporation: South Florid				
2. The principal of	office address: 9975 Royal n Beach FI 33411	Cardigan Wa	ıy		
3. The mailing ad	dress (if different):			_	
4. Date of incorp	oration/qualification: 09/20/2	2015 <sub>Do</sub>	ocument number:	P1500	0079183
	street address of the current reg ment of State: (If resigned, ente		registered office	on file w	ith the
_	DIANA C MAMARI		·		
	9975 ROYAL CARDIG	AN WAY			
	WEST PALM BEACH	FL 33411			9
6. The name and (if changed):	street address of the new regist	ered agent (if cha	nged) and /or reg	All Regards of	
-	JOSEPH MAMARI				0 <u>136</u> 0
_	9975 ROYAL CARDIG				ਤ. ਵਾ
·	WEST PALM BEACH	FL 33411		Ď,	<b>بغ</b>
The street addres as changed will b	ss of its registered office and the identical.	ne street address o	of the business o	ffice of it	ts registered agent.
Such change was authorized by the	s authorized by resolution duly e board, or the corporation has	adopted by its been notified in	oard of directors writing of the ch	or by an ange.	officer so
Signature	c of an officer or director	·-	OSTAL h	name and to	laman
I hereby accept to I further agree to performance of to agent Or if this	the appointment as registered to comply with the provisions only duties, and I am familiar with document is being filed mere had the corporation has been i	f all statutes rela ith and accept the ly to reflect a cha	tive to the prope. ? obligation of m mge in the regist	r and con v positio	n as registered
(-)	ature of Redistered Agent		NOV- OJ	-201	19.
If signing on her	all of an entity:	_			
121		ING FEE: \$35.0	)() * * *		

Make Checks payable to Florida Department of State Mail, to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)