

PI60000017154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

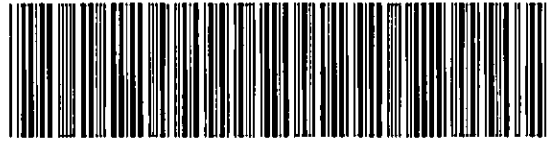
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2018 DEC -3 PM 3:20

OFFICE OF THE CLERK  
TALLAHASSEE, FL

DEC 7 2018

S. PRATHEP



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2018

IMPOUND TOWING INC.  
C/O P.O. BOX 281  
WINTER HAVEN, FL 33882-0281

SUBJECT: IMPOUND TOWING INC  
Ref. Number: P16000017154

In a recent audit of our records, we have determined that the above named entity has improperly designated their Registered Agent. The purpose of this letter is to advise you to designate an individual or another business entity with an active registration or filing with this office, having a Florida street address. Please complete the enclosed State of Registered Agent form and return to my personal and confidential attention to the address listed below. This letter is to be considered your 60 day notice that your entity will be subject to Administrative Dissolution or revocation if this error is not corrected by December 5, 2018.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 718A00020820

2018-10-05 PM 12:10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IMPOUND TOWING INC  
Name of Corporation

**DOCUMENT NUMBER:** P16000017154

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:

PIERRE CREVE-COEUR

Name of Contact Person

IMPOUND TOWING INC

Firm/Company

1985 40TH ST NW

Address

WINTER HAVEN, FL 33881

City/State and Zip Code

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

For further information concerning this matter, please call:

PIERRE CREVE COEUR at ( 863 ) 412-1188  
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: Impound Towing Inc
2. The principal office address: \_\_\_\_\_
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2/22/2016 Document number: PI16000017154
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)

PIERRE CREVE-COEUR

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

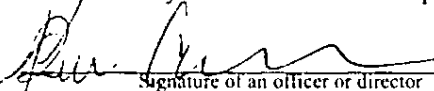
1985 40TH ST NW

WINTER HAVEN FL 33881

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

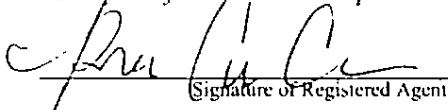
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

PIERRE CREVE-COEUR

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

11/29/2018

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

**FILED**  
2018 DEC -3 PM 3:20  
TALLAHASSEE, FL  
SECRETARY OF STATE