

PIle000017154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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FLORIDA STATE
TALLAHASSEE, FL

600 7 2013

S. PRATHE



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

6
PHB:lp
10-2018
FBI - TAMPA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMPOUND TOWING INC

SUBJECT: _____ 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: P16eXXXX7154

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

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

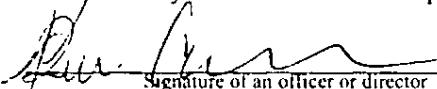
1985 40TH ST NW

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.

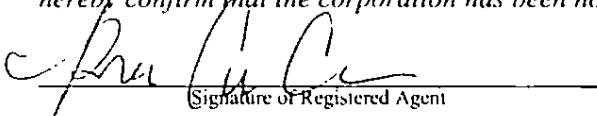
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


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