P17000003426

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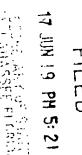


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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	Moffo's Towing And Recovery, Inc.
	Name of Corporation
DOG	P17000003426
DOC	UMENT NUMBER:
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Anthony Moffo
	Name of Contact Person
	Moffo's Towing And Recovery, Inc.
	Firm/Company
	4616 NW 33rd Terrace
	Address
	Gainesville, Fl. 32605
	City/State and Zip Code
	moffostow@gmail.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Anth	ony Moffo 904 451-2195
	Name of Contact Person
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corpora	tion organized under the laws of the State of Florida e or registered agent, or both, in the State of Florida.	
	Moffo's Tov	ving & Recovery, Inc.	
 The name of t The principal 	the corporation: 4616 NW 3	3rd Terrace Gainesville, Fl. 32605	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification:01/10	Document number: P17000003426	
	f street address of the current nature of State: (If resigned, en	registered agent and registered office on file with the	
	Anthony Moffo		
	1009 US HWY 17	WU W	$\underline{\mathbb{T}}$
	Satsuma, Fl. 32189	SSEPT OF PR	LED
6. The name and (if changed):	I street address of the new regi	istered agent (if changed) and /or registered office	D
	Anthony Moffo	Fig. 1.	
	4616 NW 33rd Terrace		
	Gainesville, Fl. 32605	P.O. Box. NOT acceptable	
The street addre	ess of its registered office and be identical.	the street address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution du ne board, or the corporation ha	ly adopted by its board of directors or by an officer so as been notified in writing of the change.	
anthry	- makker	Anthony Moffo President	
-	re of an officer of a rector	Printed or typed name and title	
l further agree i performance of agent. Or, if thi	to comply with the provisions my duties, and I am familiar v is document is being filed mer	d agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I i notified in writing of this change.	
anther	nature of Registered Agent	6-15-2017	
Sign	nature of Registered Agent	Date	
	half of an entity:		
Anthony T	J. Maffr ped or Printed Name		

* * * FILING FEE: \$35.00 * * *