

RIA-CH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2018

JULIO RODRIGUEZ  
TORRES TOWING & RECOVERY INC  
8248 N.W. 22ND AVENUE  
MIAMI, FL 33147

SUBJECT: TORRES TOWING AND RECOVERY INC  
Ref. Number: P17000022627

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 918A00013471

RECEIVED

18 JUL 16 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: **TORRES TOWING & RECOVERY INC.**  
Name of Corporation

DOCUMENT NUMBER: **P17000022627**

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:

**JULIO RODRIGUEZ**  
Name of Contact Person

**TORRES TOWING & RECOVERY INC**  
Firm/Company

**8248 N.W. 22ND AVENUE**  
Address

**MIAMI, FLORIDA 33147**  
City/State and Zip Code

**ttrteam17@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JULIO RODRIGUEZ** at **305 6885919**  
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: TORRES TOWING & RECOVERY INC
2. The principal office address: 8248 N.W. 22ND AVENUE
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/09/2017 Document number: P17000022627

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)

MARITZA DIAZ RESIGNED

11455 S.W. 40TH STREET # 267

MIAMI, FLORIDA 33165

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

JULIO RODRIGUEZ

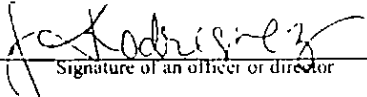
8248 N.W. 22ND AVENUE

P.O. Box NOT acceptable

MIAMI, FLORIDA 33147

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

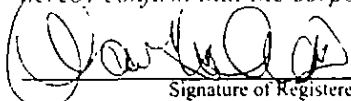
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

JULIO RODRIGUEZ (OWNER)

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.*

 MARITZA DIAZ  
Signature of Registered Agent

JUNE 21, 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  
CR2E045 (03/12)

FILED  
18 JUL 16 10 41 AM  
TALLAHASSEE, FL