

P170000 67901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

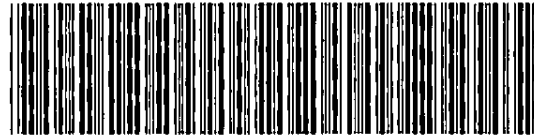
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Per request
to update
doc
CIN

Office Use Only



900331272359

06/28/19--0100 P--011 **25.00

FILED
2019 JUN 28 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FL

JUL 11 2019
C Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Recovery Corp
Name of Corporation

DOCUMENT NUMBER: P17000067901

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:

Hector A. Roman
Name of Contact Person

American Recovery Corp D/B/A
Firm/Company Automotive Towing

4816 N Cortez Avenue
Address

Tampa, FL 33614
City/State and Zip Code

2romana@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hector A. Roman at (813) 348-4992
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: American Recovery Corp
2. The principal office address: 4814 N. Cortez Avenue
Tampa, FL 33614
3. The mailing address (if different): 4816 N. Cortez Avenue
Tampa, FL 33614
4. Date of incorporation/qualification: 08/11/2017 Document number: P17000067901
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)

Resigned Hector D Roman
4814 N. Cortez Ave
Tampa FL 33614

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

Hector A. Roman
4816 N. Cortez Avenue
P.O. Box NOT acceptable
Tampa, FL 33614

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]

Signature of an officer or director

HECTOR D ROMAN

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]

Signature of Registered Agent

6/26/2019

Date

If signing on behalf of an entity:

HECTOR A ROMAN

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
2019 JUN 28 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FL