

PH 000091359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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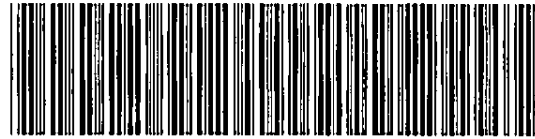
(Business Entity Name)

(Document Number)

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2021 NOV 18 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FL

C. BRUMBLEY
NOV 22 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMPLETE AUTO CARE INC
Name of Corporation

DOCUMENT NUMBER: P17000091359

The enclosed Statement of Change of Registered Office/Agent and fee

Please return all correspondence concerning this matter to the following

STELLA LABARRE

Name of Contact Person

Firm/Company

11 MANOR CIRCLE

Address

ELKTON MD 21921

City/State and Zip Code

FLORIDA@CLOUDPEAKLAW.COM

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

For further information concerning this matter, please call:

STELLA LABARRE

Name of Contact Person

at (302)

229-4964

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: COMPLETE AUTO CARE INC
2. The principal office address: 6671 W Indiantown Rd, Ste 50-252
Jupiter, FL 33458
3. The mailing address (if different): _____
4. Date of incorporation/qualification: NOVEMBER 14, 2017 Document number: P17000091359
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)

Diane Mitchell

2781 SE BIRMINGHAM DR

Stuart, FL 34994

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

Cindy's Florida LLC

8051 N. Tamiami Trail, STE E6

P.O. Box NOT acceptable

SARASOTA, FL 34243

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

K. STELLA LABARRE, SECRETARY

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

OCTOBER 21, 2021

Date

If signing on behalf of an entity:

CYNTHIA DAVIES

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 (04/13)

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