## P17000094025

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Towing & Auto Repair Management Corp.

Name of Corporation

P17000094025

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:

Lance Andrews, Esq.

Name of Contact Person

The Hayes Law Group, P.A.

Firm/Company

4701 Central Avenue, Suite A

St. Petersburg, FL 33713

City/State and Zip Code

lance.andrews@thehayeslawgroup.ocm

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

For further information concerning this matter, please call:

Lance Andrews

727 381-9026
Area Code & Daytime Telephone Number

Name of Contact Person

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

statement of cha	inge is submitted for a corporation	07.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of	Florida
		registered agent, or both, in the State of o Repair ManagementCorp	
1. The name of t	the corporation: 1041119 & Aut	obuo No	
	office address: 2000 13th Ave sburg, FL 33713		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification; 11/27/21	07 Document number: P170	000094025
5. The name and		ered agent and registered office on file	with the
	Jessica Simpson		_
	2000 13th Avenue No.		_
	St. Petersburg, FL 3371	3	_
6. The name and (if changed):	I street address of the new registere	d agent (if changed) and /or registered	office T
	George L. Hayes, III, Es	iq. <u>ij</u>	SEP 28 F
	4701 Central Avenue, S		0 0
	St. Petersburg, FL 3371	ox NOT acceptable	3章 <b>不</b> 5药 <b>多</b>
The street addre	ess of its registered office and the s	street address of the business office of	<del>_</del>
		lopted by its board of directors or by a en notified in writing of the change.	n officer so
Signatur	re of an object of director	Jessica K. Simpson	title
I further agree i performance of agent. Or, if thi	to comply with the provisions of al my duties, and I am familiar with i	ent and agree to act in this capacity. Il statutes relative to the proper and co and accept the obligation of my position o reflect a change in the registered off	omplete on as registered
		9.25-2018	
_	nature of Registered Agent	Date	
11 signing on bel	half of an entity:		
	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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