

P170000 99385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

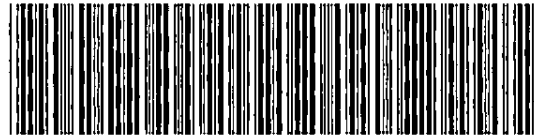
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TALLAHASSEE, FL

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JUL 11 2019  
C Kinsey

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Eagle Recovery Inc  
Name of Corporation

DOCUMENT NUMBER: P17000099385

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

Eagle Recovery Inc d/b/a Automotive Towing  
Firm/Company

4816 N. Cortez Avenue  
Address

Tampa FL 33614  
City/State and Zip Code

2romana@msn.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: EAGLE Recovery INC
2. The principal office address: 4814 N. Cortez Ave  
Tampa, FL 33614
3. The mailing address (if different): 4816 N. Cortez Ave  
Tampa, FL 33614
4. Date of incorporation/qualification: 12/18/2017 Document number: P17000099385
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  
4816 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 Ave  
P.O. Box NOT acceptable  
Tampa, FL 33614

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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.

H. A. Roman  
Signature of an officer or director

HECTOR D ROMAN, Pres  
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 \*\*\*