

P180000 44737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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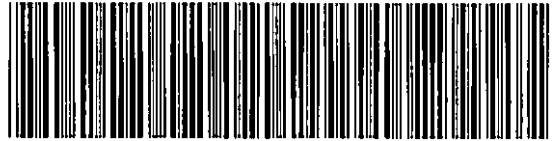
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: SCOTT'S AUTOMOTIVE & GOLF CAR REPAIR, INC.
Name of Corporation

DOCUMENT NUMBER: P180000 44737

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:

FRANCIS T GIPPER
Name of Contact Person

SCOTT'S AUTOMOTIVE & GOLF CAR REPAIR, INC.
Firm/Company

2182 NW SETTE BLVD
Address

PORT ST LUCIE FL 34986
City/State and Zip Code

thezipper - 5 @ MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRAN GIPPER at (772) 489-9417
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
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: SCOTT'S MOTORCYCLE & GOLF CAR REPAIR, Inc
2. The principal office address: 2182 NW SETTE AVE
PORT ST LOUE FL 34986
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/15/2018 Document number: P18000044737
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)

UNITED STATES CORPORATION AGENTS, Inc
5575 SEMINOLE BLVD
ORLANDO, FL 32822

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

TONI GENTRY
745 S.E. PORT ST LOUE BLVD
P.O. Box NOT acceptable
PORT ST LOUE FL 34984

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

A.S. Buchanan President
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

4/15/2020
Date

If signing on behalf of an entity:

Antonia L. Gentry
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)