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To:

Division of Corporations

Fax Number : (850)617-6380

RIVETE

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

: (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

~	Email	Address	:	 	

REGISTERED AGENT CHANGE PASSAGE AUTO INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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statement of cl	nange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statu ation organized under the laws of the State of Florid ce or registered agent, or both, in the State of Florid					
1. The name of	f the corporation: Passage Auto	o Inc					
2. The principa	al office address: 1004 MARAT	HON KEY WAY, GROVELAND, FL 34736					
3. The mailing	address (if different):						
4. Date of inco	prporation/qualification: 07/01/	2020 Document number: P200000503	37				
	nd street address of the current artment of State: (If resigned, e	registered agent and registered office on file with thenter resigned)	ne				
	RUEBEN RICHARDSON, J	R					
	1004 MARATHON KEY WAY						
	GROVELAND, FL 34736	·					
6. The name an (if changed)		gistered agent (if changed) and /or registered office	-				
	Registered Agents I	nc.	>				
	7901 4th St N STE 300		€				
		P.O. Box NOT acceptable	· -				
	St. Petersburg FL 33	3/02	. <u>.</u> .:>				
The street add as changed wi	ress of its registered office and II be identical.	d the street address of the business office of its reg					
Such change vauthorized by	vas authorized by resolution duthe board, or the corporation h	uly adopted by its board of directors or by an office as been notified in writing of the change.	er so				
RUEBEN K.	CHARDSON, GR	RUEBEN RICHARDSON, JR					
I hereby accep I further agree performance o	e to comply with the provisions of my duties, and I am familiar	Printed or typed name and title ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete with and accept the obligation of my position as it erely to reflect a change in the registered office ad in notified in writing of this change.	registered				
Bee H.	-	10/20/2020					
S	ignature of Registered Agent	Date					
If signing on b	pehalf of an entity:						
Bill Havre							
	Typed or Printed Name						

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