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Division of Corporations

**P23000006760**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323)962-8600  
Fax Number : (323)389-0502

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**REGISTERED AGENT CHANGE  
CERTIFIED AUTOMOTIVE PROFESSIONALS, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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J. HORNE

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CERTIFIED AUTOMOTIVE PROFESSIONALS, INC  
Name of Corporation

**DOCUMENT NUMBER:** P23000006760

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:

**CHEYENNE MOSELEY**

Name of Contact Person

**LEGALZOOM.COM, INC.**

Firm/Company

**101 N BRAND BLVD., 11TH FLOOR**

Address

**GLENDAL, CA 91203**

City/State and Zip Code

**caprofessionalsinc@gmail.com**

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

For further information concerning this matter, please call:

**CHEYENNE MOSELEY, LEGALZOOM.COM, INC.** at ( **800** ) **773-0888 ext 9724**  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**MailingAddress:**

AmendmentSection  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**StreetAddress:**

AmendmentSection  
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 607.0302, 617.0302, 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: CERTIFIED AUTOMOTIVE PROFESSIONALS, INC  
 2. The principal office address: 6586 HYPOLUXO RD, 178 LAKE WORTH, FL 33467

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/20/2023 Document number: P23000006760

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)

PFEFFERLE, CURTIS A

6586 HYPOLUXO RD, 178

LAKE WORTH, FL 33467

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

UNITED STATES CORPORATION AGENTS, INC.

476 Riverside Ave.

P.O. Box NOT acceptable

Jacksonville, FL 32202

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 officer or director

CURTIS A PFEFFERLE, 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]*

03/23/2023

Signature of Registered Agent

Date

If signing on behalf of an entity:

CHEYENNE MOSELEY, ASSISTANT SECRETARY ON BEHALF OF UNITED STATES CORPORATION AGENTS, INC

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  
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