

P94000077078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

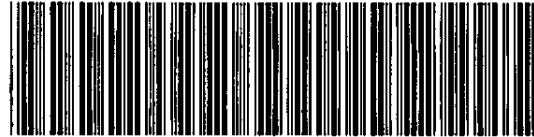
(Business Entity Name)

(Document Number)

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2018 APR -9 P 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 10 2018

T. LEMUEUX

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DAVE'S TOWING & RECOVERY, INC
Name of Corporation

DOCUMENT NUMBER: P94000077678

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:

WILLIAM BURTTTRAM SR.

Name of Contact Person

DAVE'S TOWING & RECOVERY,

Firm/Company

1516 SW 12TH ST.

Address

OCALA, FL 34471

City/State and Zip Code

TOWBIZZ58@AOL.COM

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

For further information concerning this matter, please call:

WILLIAM BURTTTRAM SR at **352 867-5810**
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: DAVE'S TOWING & RECOVERY, INC.
2. The principal office address: 1516 SW 12TH ST OCALA, FL 34471
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1994 Document number: P94000077078

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)

SAMANTHA BURTTTRAM WALDRON CHANGED T

SAMANTHA BURTTTRAM THOMPSON

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

P.O. Box NOT acceptable

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.

William Burttram SR
Signature of an officer or director

WILLIAM BURTTTRAM SR (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.

Seth Thompson
Signature of Registered Agent

4/5/18

Date

If signing on behalf of an entity:

Samantha Thompson
Typed or Printed Name

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



CERTIFICATION OF VITAL RECORDS

STATE OF NEVADA
MARRIAGE CERTIFICATE

No: 201803120672532

MC
#: 201803134205034
Fees: \$0.00
03/13/2018 01:19:22 PM
Receipt #: 560074
Filed By: CARTERBR
LYNN MARIE GOYA
CLARK COUNTY CLERKSTATE OF NEVADA }
COUNTY OF CLARK } SS:This is to certify that the undersigned, Rev. Bassam Kassab,
(print name of official performing marriage)did on the 12th day of the month of March of the year 2018,at The Little White Wedding Chapel, Las Vegas 1301 S. Las Vegas Blvd,
(name and address of location where marriage performed)Las Vegas, Nevada, with their mutual consent and witnessed in the
(city)presence of William D. Burtram Suzette Bertall?, join in lawful wedlock:
(print name of witness or witnesses)

ANTHONY SCOTT THOMPSON of OCALA, FLORIDA born 10/01/1986, and

SAMANTHA BURTRAM WALDRON of OCALA, FLORIDA born 06/17/1977, who wishes to
use the name SAMANTHA BURTRAM THOMPSON after marriage.

Signature of Official Performing Marriage (Black Ink Only)

Rev. Bassam Kassab

Print Name and Title of Official

7401 W Washington Ave #1043

Address of Official Performing Marriage

Las Vegas, NV 89128

City, State and Zip Code

201606162031006

Officiant ID Number

Lynn Marie Goya, County Clerk

Couple's Mailing Address: 8590 W HWY 326, OCALA, FLORIDA 34475

This Certificate must be typewritten or printed in black ink and delivered
within ten (10) calendar days by the Marriage Officiant to the
Clark County Clerk's Office, 500 S. Grand Central Parkway,
1st Floor, Las Vegas, Nevada 89155

Patent #5,636,874

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Mar 19 2018

CLERK

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