

P95000048064

Requestor's Name

Address

Office Use Only

CORE

**Total
Recovery**

NT NUMBER(S), (if known):

of South Florida, Inc.

1. 5722 S. Flamingo Road, Suite 274 (Document #)
Cooper City, Florida 33330

2. (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 FEB - 7 PM 3:02

FILED

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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*****35.00 *****35.00

OK 350000

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Total Recovery of South Florida, Inc.
2. The mailing address of the corporation is: 5722 S. Flamingo Rd
#274 Cooper City, FL 33330
3. Date of incorporation/qualification: 6/20/95 Document number: P95000048064
4. The name and address of the current registered agent and office:

none

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Lisa Dimattina

1000 S. Dixie Hwy.

Hollywood, FL 33020

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
S. Flamingo Rd
Cooper City, FL
33330

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.

Lisa Dimattina, VP
(Signature of an officer, chairman or vice chairman of the board)

2/1/00
(Date)

LISA DIMATTINA, VP
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Lisa Dimattina, VP
(Signature of Registered Agent)

2/1/00
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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