

P95000050940

Geraldine K. Holloway  
Requester's Name

Atty at Law

P O Box 151783  
Address  
Tampa, FL 33684-1783  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 900007139919--1  
-08/15/02--01045--028  
\*\*\*\*105.00 \*\*\*\*35.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

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

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
02 AUG 15 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

Al 8/20

# 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: Roberts Complete Collision Specialists, Inc.

2. The principal office address: 4615 North Lois Avenue, Tampa, FL 33614

3. The mailing address (if different): 4615 North Lois Avenue, Tampa, FL 33614

4. Date of incorporation/qualification: 6/29/95 Document number: P95000050940

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

John Roberts

4615 North Lois Avenue

Tampa, FL 33614

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

Arthur M. Roberts

4615 N. Lois Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tampa, FL 33614

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.

Damon Zarzeski  
(Signature of an officer, chairman or vice chairman of the board)

Damon Zarzeski Director  
(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.

Arthur Roberts  
(Signature of Registered Agent)

Arthur Roberts Director 7/31/02  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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