Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

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 COLLISION REVISION 13081 INC

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Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

4/23/201

COVER LETTER

SUBJECT:	Name of Co	rporation
DOCUMENT	P96000091736	
,	tatement of Change of Registered Office	Agent and fee are submitted for filing.
•	I correspondence concerning this matter	•
	Joff Murray	
	Name of Con	act Person .
	The Boyd Group (U.S.) Inc.	
	Firm/Con	opany
	3570 Portage Avenue	
	Addr	335
	Winnipeg MB, R3K 0Z8	
	City/State and	Zip Code
	jeff.murray@boydgroup.com	
	B-mail address: (to be used for flu	ture annual report notification)
For further info	rmation concerning this matter, please co	ali:
Kathleen Healy		612 852-1285 at ()
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$3	35.00 check made payable to the Departm	nent of State.
	Malling Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahasseo, FL 32314

CR2E045 (03/12)

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: COLLISION REVISION 13081 INC
2. The principal office address: 13081 METRO PARKWAY UNIT 1
FORT MYBRS, FL 33966
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/07/1996 Document number: P96000091736
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)
GOHTZ, JAMES LESQ
2133 WINKLER AVENUE
FORT MYERS, FL 33901
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT exceptable Plantation, Ploride 33324
The street address of its registered office and the street address of the business office of its registered agent, $\stackrel{\bigcirc}{\sim}$ 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.
Jeff Murray VP
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 oblication of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I nereby confirm that the corporation has been notified in writing of this change.
By: CT Composition Systems Mullw 4/23/2014 Signature of Registered Agent Date
If signing on behalf of an entity: Wichele Miller
Typed or Printed Name Assistant Secretary
* * * FILING FRE: \$35.00 * * *
Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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