

P96000100759

FILED
98 MAY 21 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T85 Towing.
12496 SW 128th.
Cit Bay # 111 - 112.
mini - F/-33/86.

Office Use Only

CORPORATION

NUMBER(S), (if known):

000002531400-6

-05/21/98-01042-0146

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

1. _____
(Corporation Name) (Document #)
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NEW FILINGS	
	Profit
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	Limited Liability
	Domestication
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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

VS MAY 29 1998

RA Abig.

Examiner's Initials

Charter No. P96000100759

Date Filed December 12, 1996

**STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT**

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: T & S TOWING INC.

2. The name and address of its present registered agent is:

ARACELI TANGARIEE
10901 SW 146th AVENUE
MIAMI, FL 33186

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

GUSTAVO H. ARANGO

8760 SW 133RD AVE RD BLDG 9 APT 415

MIAMI, FL 33183

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

GUSTAVO H. ARANGO (President)
(Typed or printed name and title)

Signature

(President or Vice President)

Date

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name GUSTAVO H. ARANGO

Signature

(Agent)

Date

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