

P97000090549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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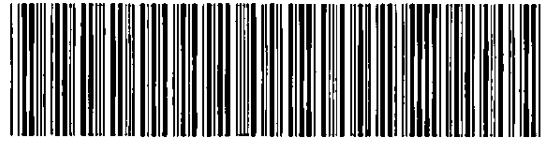
(Business Entity Name)

(Document Number)

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2024 MAY 15 AM 7:47
TALLAHASSEE, FLORIDA

JUN 26
S. PRATHER

LAW OFFICE OF ROBERT N. PELIER, P.A.

May 9, 2024

Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Falls Auto Collision Center, Inc.
Doc. No.: P97-000090549

Change in Registered Agent Name

Dear Sir or Madam,

Please find enclosed:

1. Cover letter
2. Statement for Change of Registered Agent for Corporation Falls Auto Collision Center, Inc. (New Reg. Agent Juan Carlos Perez Lamar)
3. Check in the amount of \$35.00 payable to Florida Department of State

Kindly process at the earliest and advise.

Very Truly Yours,
/S/ **Robert N. Pelier**
Robert N. Pelier, Esq.
RNP/yp
Enclosures
Via Reg. Mail

RNP

4649 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES, FL 33146

PHONE 305-529-9199
FAX 305-529-9290
EMAIL RPELIER@PELIERLAW.COM
WEBSITE WWW.PELIERLAW.COM

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Falls Auto Collision Center, Inc.
Name of Corporation

DOCUMENT NUMBER: P97-000090549

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:

Robert N. Pelier, Esq

Name of Contact Person

Robert N. Pelier, P.A.

Firm/Company

4649 Ponce De Leon Blvd. Suite 301

Address

Coral Gables FL 33146

City/State and Zip Code

rpelier@pelierlaw.com

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

For further information concerning this matter, please call:

Robert N. Pelier

Name of Contact Person

at (305)

529-9199

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Falls Auto Collision Center, INC.
2. The principal office address: 8801 SW 131st Street, Miami, FL 33176
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 1997 Document number: P97-000090549
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)

Melisa Golin (Resigned)

8801 SW 131st Street

Miami, FL 33176

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

Juan Carlos Perez Lamar


8801 SW 131st Street

P.O. Box NOT acceptable

Miami, FL 33176

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

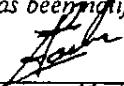
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Juan Carlos Perez Lamar

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.


Signature of Registered Agent

5-8-24

Date

If signing on behalf of an entity:

Juan Carlos Perez Lamar

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

2024 MAY 15 AM 7:47
CLERK OF STATE
TALLAHASSEE, FLORIDA