(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)	-		
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

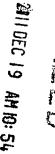
Office Use Only

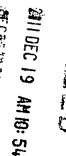


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12/19/11--01013--005 **70.00







COVER LETTER

TO: Amendment Division of C							
SUBJECT:	Auto Pride Collision Ce	enters Florida, Inc.					
DOCUMENT NUM	IBER:P980	000017103					
		e/Agent and fee are submitted for filing.					
Please return all corr	espondence concerning this matter	to the following:					
_	Joseph M. F Name of Cor	Formica, Jr.					
Auto Pride Collision							
_	Firm/Co	mpany					
_	5626 Enterpr Addi						
	Addi	ress					
	5 4 14	51,00005					
-	Fort Myers, City/State an	d Zip Code					
	Chyrolate and Zip Code						
	autopride2@e	earthlink.net uture annual report notification)					
C	t-man address, (to be used for m	ature annual report notification)					
For further informati	on concerning this matter, please c	all:					
•	Teresa Oliver	at (239) 693-7300					
Name	e of Contact Person	at (239) 693-7300 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00	check made payable to the Depart	ment of State.					
	•						
	Mailing Address: Amendment Section	Street Address: Amendment Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	Clifton Building					
	Tallahassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607. ange is submitted for a corp er to change its registered o	ooration organized	l under the laws of the Sta	te of Florida	
1. The name of	the corporation: Auto Pr	ride Collisior	Centers, Inc.		
	office address: 5626 En			3905	
3. The mailing	address (if different): Sam	ne			
4. Date of incor	poration/qualification:	1996	Document number:	P98000017103	
	d street address of the curre rtment of State: (If resigned		t and registered office on	file with the	
	Joseph M. Formica,	Jr.		<u> </u>	
	1302 Caloosa Vista	Way			
	Fort Myers, FL 3396	01			
6. The name and (if changed):	d street address of the new	registered agent (i	f changed) and /or register	red office	fo topy w
	Joseph M. Formica,	Jr.		() (E) (E) (E) (E) (E) (E) (E) (E) (E) (Establish (S)
	5626 Enterprise Par	kway			
	Fort Myers, FL 3390	P.O. Box NOT acc	eeptable		Markety.
The street addr as changed wil	ess of its registered office I be identical.	and the street add	dress of the business offic	ce of its registered agent,	
Such change wauthorized by t	as authorized by resolution he board, or the corporation	n duly adopted by on has been notifi	tits board of directors or ed in writing of the change	by an officer so ge.	
X Signate	are of an officer of director		Joe Form! Printed or typed nar		
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as regist to comply with the provisi nd I am familiar with and ing filed merely to reflect is been notified in writing o	tered agent and a ions of all statute. accept the obliga a change in the ro of this change.	gree to act in this capaci s relative to the proper a tion of my position as reg egistered office address,	ty. nd complete performance vistered agent. Or, if this I hereby confirm that the	!
			12-15-11		
·	gnature of Registered Agent		Date		
φ <u></u>	ehalf of an entity: Fypod or Printed Name				

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

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