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EXAPPINER

C. STEPHEN ALLEN, P. A.

ATTORNEY AT LAW

3606 SWANN AVENUE TAMPA, FL 33609-4518 (813) 286-4141 (813) 286-4132 (FAX)

April 23, 2014

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

SUBJECT: Benfield Wrecker Service, Inc.

DOCUMENT NUMBER: P99000028759

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:

C. Stephen Allen, Esq. 3606 W. Swann Avenue Tampa, FL 33609

e-mail address: csapa1@msn.com

For further information concerning this matter, please call:

C. Stephen Allen, Esq., at (813) 286-4141.

Enclosed is a \$35.00 check made payable to the Department of State.

Yours truly,

CSA/jf

Enclosures: Statement of Change of Registered Agent

CSAPA check (\$35.00)

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

statement of cha	inge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, sized under the laws of the State of Florida ered agent, or both, in the State of Florida.	this	
	the corporation: Benfield Wrecker			
2. The principal	office address: 4406 N. Thatcher	St., Tampa, FL 33614		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 03/30/1999	Document number: P990000287	' 59	
	I street address of the current registered a trent of State: (If resigned, enter resigned	gent and registered office on file with the ed)		
	Turney, Edward J		TAL AL	14
	8205 Maple Crest PI		CRE	APR
	Tampa, FL 33615		LAHASSEE	28
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	OF SEAT	聚 9:51
	C. Stephen Allen, Esq.		35	+
	3606 Swann Ave.	<u> </u>		
	Tampa, FL 33609	acceptable		
The street addras changed will	ess of its registered office and the street be identical.	address of the business office of its registe	red agent	,
		by its board of directors or by an officer stified in writing of the change.		
Signatu	kys Selgas regian officer or firector	Belkys Selgas, VS		
		d agree to act in this capacity. utes relative to the proper and complete ccept the obligation of my position as regi: ect a change in the registered office addres n writing of this change.	stered ss, I	
U the	nature of Registered Agent	April 23, 2014		
•	half of an entity:	. 2		
т	yped or Printed Name			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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