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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

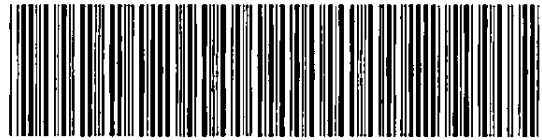
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/05/24--01014--016 **35.00

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2024 SEP -5 AM 9:08
CLERK OF STATE
TALLAHASSEE, FL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ST Cloud Auto Salvage, Inc
(Name of Corporation)

DOCUMENT NUMBER: 511660

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Genco Ford
(Name of Person)

(Name of Firm/Company)

8751 Commodity Circle, #7
(Address)

Orlando, FL 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Ford at (585) 520-7778
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida 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

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SECRETARY OF STATE
TALLAHASSEE, FL

**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: ST Cloud Auto Salvage Inc
2. The principal office address: 5285 East IRLD Bronson Memorial Hwy, ST Cloud, FL 34771
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: 511660
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)

Teek Persaud
5285 E. IRLD Bronson Memorial Hwy
ST Cloud FL 34771

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

Christopher Genes Fontana
8751 Commodity Circle #7
Orlando, FL 32819

P.O. Box NOT acceptable

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TALLAHASSEE, FL
DIVISION OF STATE

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.

X

Signature of an officer or director

Teek Persaud

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]

Signature of Registered Agent

8/23/2024

Date

If signing on behalf of an entity:

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)