

L10000035551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

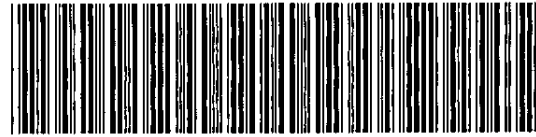
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

JUN 08 2012  
L. SELLERS

Office Use Only



100235796411

06/06/12--01014--018 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JUN -7 PM 12:26

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Groupcar, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martin Delloca

Name of Person

Groupcar, LLC

Firm/Company

3350 S. State Rd 7

Address

Miramar, FL 33023

City/State and Zip Code

martin@groupcarllc.com

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

For further information concerning this matter, please call:

Martin Delloca

Name of Person

at ( 305 )

607-3493

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Groupcar, LLC

2. (a) Principal office address of limited liability company: Groupcar, LLC

**(Note: MUST BE STREET ADDRESS)** 3350 S. State Rd 7  
Miramar, FL 33023

(b) Mailing address of limited liability company: Groupcar, LLC

**(Note: MAY BE POST OFFICE BOX)** 3350 S. State Rd 7  
Miramar, FL 33023

04/01/2010 L10000035557

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Martin Delloca

Registered Office Address: Groupcar, LLC  
3350 S. State Rd 7  
Miramar, FL 33023

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** Mark Atlas, Esq

**NEW Registered Office Address:** Goldsmith & Atlas PA  
**(MUST BE FLORIDA STREET ADDRESS)** 9350 S. Dixie Hiwhway Suite 930  
Miami, FL 33156

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Martin Delloca  
Signature of a member or authorized representative of a member

Martin Delloca  
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mark Atlas  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
APR -7 PM 12:26  
TALLAHASSEE, FLORIDA  
CLERK OF STATE