L17600/89113

(Requestor's Name)				
	d)			
(Ad	(Address)			
(Address)				
(Cit	ry/State/Zip/Phone	€ #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		
<u> </u>				

Office Use Only



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01/12/18--01018--010 **++**25.00

ALLANASSE FLASTO

LEGGETT WIR



November 28, 2017

SHANE K RICHARDS 262 NW 2ND ST, BAY 1&2 DEERFIELD BEACH, FL 33441 US

SUBJECT: CAR BOY AUTO BODY LLC

Ref. Number: L17000189113

We have received your document for CAR BOY AUTO BODY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 817A00023935

COVER LETTER

TO: Registration Section Division of Corporations			į		
Division of Corporations					
Car Boy Auto Body LLC					
Name	of Limited Li	ability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change and	fee(s) are submittee	l for filing.		
Please return all correspondence concerning this	matter to the	following:	:		
Shane K Richards					
Name of Person			1		
Car Boy Auto Body					
Firm/Company			,		
262 NW 2nd ST Bay 1&2			1		
Address					
Deerfield Beach FL 33441					
City/State and Zip Code	•				
E-mail address: (to be used for future annua	al report notif	cation)	,		
For further information concerning this matter, p	lease call:		,		
Shane K Richards	561	255-1260	i		
Name of Person		Area Code & Day	time 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	□ \$5	5 Filing Fee & Cer	tified Copy		
INHS18 (2/14)					

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	me of the limited liability company: Car Boy Auto	Body LLC	
2. (a)	Car Boy Auto Body	(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	262 NW 2nd ST Bay 1&2		
	Deerfield Beach FL 33441		1
	09/05/2017	L17000	189113
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Tangela N Futlon		
``	Registered Agent and Registered Office shown on the records of the	ne Florida Dept, of St	ate:
			_
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	1 ALL 8
	200 Lock Rd		- A T
	Deerfield Beach , FL	33441	FILE FILE
	Shane K Richards		P D
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	— မြွှေး <u>မွှ</u>
	and of the state o	<u> 211100 4001 633</u> .	09
	NEW Registered Office Address:		
	262 NW 2nd ST Bay 1, 2		_ ;
	Deerfield Beach ,FL	33441	
16 (U. 1)			
the cha	mited liability company is not organized under the law nge or changes are made, the Florida street address of	the registered offi	ce and the business office of the registered
	vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of		
	cles of organization or the operating agreement of the l	imited liability co	ompany.
- 0:	Di Kichard>	Shane K Ri	
	ure of a member or authorized representative of a member	an to ant in this as	Printed or typed name of signee
the obl	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h	ge to act in this ca performance of m I for in Chapter 60 ereby confirm tha	pactiv. I juriner agree to comply with the y duties, and I am familiar with and accept 05,1F.S. Or, if this document is being filed at the limited liability company has been
notified	in writing of this change.		
	re of Registered Agent		

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