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(Requestor's Name)					
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PICK-UP	MAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
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Special Instructions to Filing Officer:					
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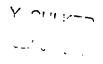
Office Use Only



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COVER LETTER

Divisi	ion of Corporations				
SUBJECT:	CCT: LARGO AUTOMOTIVE HOLDINGS LLC Name of Limited Liability Company				
oommer.					
Dear Sir or M	adam:				
The enclosed	Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please return	all correspondence concerning this r	natter to the following:			
Cheryl Wilke					
	Name of Person				
Lewis Brisbois	i				
	Firm/Company				
110 S.E. 6th St	treet, Suite 2600				
	Address				
Fort Lauderdal	le, Florida 33301				
	City/State and Zip Code				
WilkCheryl.W	ilke@lewisbrisbois.com				
E-mail a	address: (to be used for future annua	report notification)			
For further in	formation concerning this matter, plo	ease call:			
		at ()			
	Name of Person	Area Code & Daytime Telephone Number			
	ing Address:	Street Address:			
	stration Section	Registration Section			
	ion of Corporations	Division of Corporations			
	Box 6327	The Centre of Tallahassee			
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclo	osed is a check for the following an	aount:			
■ \$2:	5 Filing Fee	\$55 Filing Fee & Certified Copy			

TO: Registration Section

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.

. (a)	21400 N.W. 2ND AVE MIAMI GARDENS, FL 33169	_ (b	21400 N.	W. 2ND AVE MIAMI GARDENS, Ft. 33169
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (0	2	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/07/2020	-	1.20000121	
•	Date of filing/registration in Florida	4.		Document number
. (a)	Andrew S. Brown, Esq.			_
	Registered Agent and Registered Office shown on the records of the		Dept, of Stat	te:
	20950 N.W. 2ND AVENUE MIAMI GARDENS, FL 3316			_
	Registered Office Address (MUST BE FLORIDA STREET AL	<u>ODRESS</u>	2	
				_
	, FL	_		_
(b)	-			- <u>1</u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Hice ade	dress:	
	Cheryl Wilke			2 2
	NEW Registered Office Address:			PP FT
	110 S.E. 6th Street, Suite 2600			EE'S ?
	Fort Lauderdale, FL 3	3301		2021 AUG 27 PH 2: 24 2021 AUG 27 PH 2: 24 ELTARY OF STATE
C.1 1	2 2 11 192 2 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	641	C44 (1 [C]	-
hange gent v vas/w	imited liability company is not organized under the laws to or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liability.	egistere ility co the lim mited l	d office an mpany, it i ited liabilit	nd the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		<u> </u>	Printed or typed name of signee
roviși he gbi o mer	by accept the appointment as registered agent and agree fors of all statutes relative to the proper and complete po- ligations of the position as registered agent as provided a ely teffectifd change in the registered office address. I he d interiting of this change.	ertormo	ince of my	duties, and Lam familiar with and accep
Signati	ire di Registeral Agent			

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