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COVER LETTER

TO;	Registration Section Division of Corporations			
SUBJE	ECT: CAPPO MANAGEMENT LX	XVLLL	-	
	Nan	ne of Lir	nited Li	ability Company
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Off	ice Char	ge and	fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter	to the f	following:
DYL	AN STEC			
	Name of Person			_
VICT	ORY AUTOMOTIVE GROUP			
	Firm/Company			_
4635	52 MICHIGAN AVENUE			
	Address			_
CAN	TON, MI 48188			
	City/State and Zip Code			
CON	TACT@VAGMGT.COM			
Е	-mail address: (to be used for future ann	ual repo	rt notifi	cation)
For fur	ther information concerning this matter,	please c	all:	
DYI.	AN STEC	at (734) 394-1225
	Name of Person	(Area Code & Daytime Telephone Number
	Mailing Address:			Street Address:
	Registration Section			Registration Section
	Division of Corporations			Division of Corporations
	P.O. Box 6327			The Centre of Tallahassee
	Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810
				Tallahassee, FL 32303
	Enclosed is a check for the following	amount	:	
	\$25 Filing Fee	□ \$55 Filing Fee & Certified 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.

2. (a) Principal office address of limited liability company: Mailing address of limited liability company: Mailing address of limited liability company: A6352 Michigan Avenue	1. N	ame of the limited liability company: Cappo Manageme	ent LXX	VI.	1.I.C			
Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) 46352 Michigan Avenue Canton, MI 48188 Canton, MI	2. (a)		(b)				
Canton, MI 48188 Canton, MI 48188 Canton, MI 48188 O7/03/2024 1.24000306544 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: Eric Berglands-Cappo Registered Office Address MIST BE FLORIDA STREET ADDRESS) 8442 US Hwy 19 Port Richey FL 34668 InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: Tallahassee FL 32312 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 flan affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organity and the or the operating agreement of the limited liability company or as otherwise provided in the articles of organity and the depart of the purpose of the depart of the purpose of the p	(,	Principal office address of limited liability company:	<u> </u>			Mailing address of limi	ted liabil	ity company:
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