M24000000915

| (Requestor's Name) | | | | |
|-------------------------|--------------------|-----------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bi | usiness Entity Nan | ne) | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | JUN 2 | ^{ORNE} | | |

Office Use Only



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FILED 2025 HAY 30 ANTH: 02

2025 MAY 30 AM II: 0

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE :

J. 14

| REFERENCE AUTHORIZATION COST LIMIT | : | |
|--|------|-------------|
| ORDER DATE : 05/29/2025 ORDER TIME : ORDER NO. : CUSTOMER NO: | | And Blessen |
| CHANGE OF A | GENT | |

NAME:

| PLEASE | RETURN | THE | FOLLOWING | AS | PROOF | OF | FILING: |
|---------|-----------------|-----|-------------------|-----|---------|-----|-----------|
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| CONTACT | PERSON | Ι; | | EXA | AMINER' | S] | INITIALS: |

TANK!

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.

| L Na | ame of the limited liability company: EL CAR WASH | H WPB A | AIRPOF | RT, LLC |
|--|--|--|---|--|
| 2. (a) | | | | |
| (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (-, | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 2753 SW 87 Av | | 275 | 53 SW 87 Av |
| | Doral, FL 33172 | | Dor | ral, FL 33172 |
| | 01/25/2024 | | M24 | 000000915 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| = (_X | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of UNITED CORPORATE SERVICES, INC. | of the Flori | da Dept. | of State: |
| | Registered Office Address (MUST BE FLORIDA STREET) 3458 LAKESHORE DR. | TADDRE. | <u>5.5)</u> | 2025 HL. 30 AH II: 02 |
| | TALLAHASSEE | 32312 | 2 | = - |
| | . . | | | 30 |
| (b) | Enter name of NEW Registered Agent and/or NEW Registere | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> | ed Office a | <u>iddress</u> : | |
| | Corporation Service Company | | | 02 |
| | NEW Registered Office Address: | | | |
| | 1201 Hays Street | | | . |
| | Tallahassee | L 32301 | | |
| change agent v was/w the arti | imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the uliana Cossu | e registe iability of of the li e limited | red off compar mited l Tiabili | fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in |
| Signa | ture of a member or authorized representative of a member | | | Printed or typed name of signee |
| provisi the obi to mer | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address. If it is change, | e nerforn | namee | of my duties, and I am familiar with and accept |
| Signatu | re of Registered Agent Grace B. Kirby, Asst. Vice Pres | ident | | |

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