Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## REGISTERED AGENT CHANGE CARS & BIKES 4U, INC.

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Certificate of Status		
Certified Copy	0	
Page Count	01	
Estimated Charge	\$35.00	

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## **COVER LETTER**

SUBJECT: CARS & BIKES 4U. INC. Name of Corporation  DOCUMENT NUMBER: P20000044457  The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  JEROME. Name of Contact Person  Firm/Company 784 S. CLEARWATER LOOP Address POST FALLS. ID 83854  City/State and Zip Code Hilings@registeredagentsinc.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JEROME Name of Contact Person  Finclosed is a \$35.00 check made payable to the Department of State.  Mailling Address: Amendment Section Division of Corporations P.O. Box 6527  The Centre of Tallahassee	TO:	Amendment Section Division of Corporations		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  JEROME  Name of Contact Person  Firm/Company 784 S. CLEARWATER LOOP  Address POST FALLS, ID 83854  City/State and Zip Code Hilings@registeredagentsinc.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JEROME  Name of Contact Person  Total Agent Agent Address: Area Code & Daytine Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address: Amendment Section Division of Corporations  Amendment Section Division of Corporations		EUT:		
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Mailing Address: Amendment Section Division of Corporations  Street Address: Amendment Section Division of Corporations		Name of Contact Person	Area Code & Daytime Telephone Numb	er
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Division of Corporations Division of Corporations		Mailing Address:		
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Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted	for a corporation org	0502, 607.1508, or 617.1508, Florida Sta ganized under the laws of the State of <u>1</u>	FLORIDA		
	•	istered agent, or both, in the State of Flo	таа.		
1. The name of the corporation:	CARS & BIKES	40, INC. ACH ROAD, SUITE 1-3			
2. The principal office address:_					
	BONITA SPRING	S, FL 34134			
3. The mailing address (if different	ent):				
4. Date of incorporation/qualific	ation: 06/12/2020	Document number: P2000004	4457		
	f the current registere	d agent and registered office on file with			
ALLURE AC	CCOUNTING, INC.				
3665 BONIT	3665 BONITA BEACH ROAD, SUITE 1-3				
BONITA SPI	RINGS, FL 34134		2023		
		gent (if changed) and /or registered offic	2023 FEB 20 AM 8: 39		
REGISTER	ED AGENTS INC		.SS!		
7901 4TH S	Γ. N STE 300	Box NOT acceptable			
ST. PETERS	P.O. SBURG, FL 33702	Box NOT acceptable	- <del> </del>		
The street address of its register as changed will be identical.	red office and the stro	eet address of the business office of its	registered agent.		
Such change was authorized by authorized by the board, or the	resolution duly adop corporation has been	sted by its board of directors or by an or notified in writing of the change.	(licer so		
Al-Comment of an officer or dire	n-t-o-	Alina Pinto / President			
I hereby accept the appointmen	t as registered agent he provisions of all si with and accept the c to reflect a change in	and agree to act in this capacity, tautes relative to the proper and comp phligation of my position as registered i the registered office address, I hereby	lete performance agent. Or, if this confirm that the		
David Robe	+1.5	02/20/23			
Signature of Registered A	tgent	Date			

If signing on behalf of an entity:

David Roberts / Assistant Secretaty / Registered Agents Inc Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*