## A06000001207

(Requestor's Name)				
(Address)				
,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporation	ons
SUBJECT: 142 Realty, LLLP	
Name of Lin	nited Partnership or Limited Liability Limited Partnership
	•
DOCUMENT NUMBER:	.06000001207
The enclosed Statement of Ch fee(s) are submitted for filing.	ange of Registered Office and/or Registered Agent and
Please return all corresponden	ice concerning this matter to:
Valerie Kaye	
Contact	Person
Prestige Motor Car Imports, LLC	
Firm/Co	mpany
14800 Biscayne Blvd	
Add	ress
N Miami Beach, FL 33181	
City, State ar	nd Zip Code
valerie@prestigeimports.com	·
	future annual report notification)
For further information concer	ming this matter, please call:
Valerie Kaye	at ( 305 ) 947-1000
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check ma	ade payable to the Florida Department of State.
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

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115. Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

change its registere	d office of registered agent, or	both, in the state of Florida.		
142 Realt	y, LLLP			
· ·	ame of Limited Partnership or Lin	nited Liability Limited Partnersh	hip	
2. 10/13/20	06	3. A0600001207		
Date of filing/registration in Florida		Florida document number		
4. The name of the r Department of State:	egistered agent and the registered	office address as shown on the	records of the Florid	
	Legacy Wealth A	Advisors, LLC		
	Nan	ne	46 63	
	801 Brickell Ave	enue, suite 2550	2023 OCT 16 SEC (25) TALL/ASS	
	Addr	ess	1.E	
	Miami, FL 3313	1	TIG PHIS	
	City, State	and Zip		
5. The name and Flo	rida street address of the new regi	stered agent and/or office:	PHI2: 23 OF STATE OF STATE	
	Kluger, Kaplan, Silverman	, Katzen & Levine, P.I.	: 23 FL	
	Nan	ne	1.1	
	201 South Biscayne B	oulevard #2700		
	Florida street address (P.	O. Box not acceptable)		
	Miami	<sub>FL</sub> 33131		
	City, State			
6 Sych changuration	are effective when filed by the Flo	wide Department of State		
or such change(s) is	are engenve when med by the ric	orda tepartment of State.		
Signature of General	l'artner			
	ppointment as registered agent an			
	isions of all statutes relative to the		ince of my duties,	
and turn jujimum-wit	h an acsept the obligations of my	рознит из гедімегей идет.		
Commission				
Signature of Register	e <del>a A</del> gent			

Filing Fee: \$35.00 Certified Copy (optional): \$52.50