I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: THOMAS UEN

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L06000091007

Entity Name: AUTOMOTIVE MANAGEMENT CONSULTANTS, LLC

Current Principal Place of Business:

3665 BONITA BEACH ROAD SUITE 1-3 BONITA SPRINGS, FL 34134

Current Mailing Address:

3665 BONITA BEACH ROAD SUITE 1-3 BONITA SPRINGS, FL 34134

FEI Number: 20-5556619

Name and Address of Current Registered Agent:

ALLURE ACCOUNTING, INC 3665 BONITA BEACH ROAD SUITE 1-3 BONITA SPRINGS, FL 34134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

Ele

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM
Name	UEN, THOMAS
Address	2291 ADRIAN STREET
City-State-Zip:	NEWBURY PARK CA 91320

CC2240478054

FILED Mar 29, 2017

Secretary of State

Certificate of Status Desired: No

Date

03/29/2017 Date