A16000 000 011

(Re	questor's Name)				
(Ad-	dress)				
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	y/State/Zip/Phone	<u></u>			
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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Office Use Only



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07/29/19--01021--018 **35.00



COVER LETTER

Division of	n Section f Corporations					
SUBJECT:	UBJECT: TireBiz International, LP Name of Limited Partnership or Limited Liability Limited Partnership					
<u></u>	Name of Limited Partners	hip or Lim	ited Liabi	lity Limited Partnership		
	CUMENT NUMBER: A1600000071					
The enclosed State fee(s) are submitted	•	gistered (Office ar	nd/or Registered Agent and		
Please return all co	orrespondence concerni	ng this n	natter to:			
	Gerd Franke, CPA					
	Contact Person					
	Hill, Barth & King LLC					
	Firm/Company			_		
383	38 Tamiami Trail N. #	200				
	Address			_		
	Naples, FL 34103					
	City, State and Zip Code					
	gfranke@hbkcpa.e	com				
E-mail address:	(to be used for future annua		tification)			
For further inform	ation concerning this n	natter, ple	ase call	:		
Ge	erd Franke	at (239) 263-2111		
Name of Co	ntact Person	A	rea Code	and Daytime Telephone Number		
Enclosed is a \$35.	00 check made payable	to the F	iorida D	epartment of State.		
STREET ADDR	ESS:		MAII	LING ADDRESS:		
Registration Section	on		Registration Section			
Division of Corpo	rations		Division of Corporations			
Clifton Building				Box 6327		
2661 Executive C			Tallah	nassee, FL 32314		
Tallahassee, FL 3	2301					

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.

1	TireBiz Inte						
Na	ame of Limited Partnership or Li	mited Liability L	imited Partner	rship			
2.	01/29/2016	3	A1600	00000071			
Date of filin	g/registration in Florida		Florida document number				
4. The name of the re Department of State:	egistered agent and the registered	l office address a	s shown on th	e records of the Florida			
	Ramirez,	Sandra P		_			
	Na	mc					
	12997 S Orange E	Blossom Trail	#326	_			
	Add	ress					
	Orlando,	FL 32837		_			
	City, Stat	e and Zip		5 .0 402			
5. The name and Flo	rida street address of the new reg	istered agent and	l/or office:	7			
	Gerd Fran	nke, CPA					
	Na	me					
	3838 Tamiami	Trail N. #20	0	Mon as			
	Florida street address (P	O. Box not acce	ptable)	5 54			
	Naples	FL	34103	57 3			
	City, State	e and Zip					
6. Such change(s) is/	are effective when filed by the F	lorida Departmer	nt of State.	•			
	a final						
Signature of General	Partner						
comply with the provi	opointment as registered agent as isions of all statutes relative to th h an accept the obligations of my	e proper and coi	mplete perform				
Signature of Register	ed Agent						
Filing Fee: Certified Copy (6	\$35.00 optional): \$52.50						