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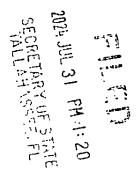
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## DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.

ATTORNEYS AT LAW

THERESA M. KENNEY, B.C S.\*\*\* **ELIOT 1. SAFER** WADE MCK. HAMPTON\* WILLIAM J. JOOS O JONATHAN M. SMITH

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\* ALSO ADMITTED IN GA

\*\* FLORIDA BAR BOARD CERTIFIED-REAL ESTATE

\* FLORIDA CIVIL LAW NOTARY

OF COUNSEL

July 26, 2024

SENDER'S DIRECT DIAL 904.543.4312 Sender's Email Address; <a href="mailto:mmastronardi@jaxfirm.com">mmastronardi@jaxfirm.com</a>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> RE: Statement of Change of Registered Agent for Limited Liability Company

Dear Sir or Madam:

Enclosed please find Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the following six (6) limited liability companies: ...

- 1. 1018 Alamo Street, L.L.C.
- 2. 6100 Philips Highway, L.L.C.
- 3. 100 N. Laura Street, L.L.C.
- 4. 3100 US Highway 1 South, L.L.C.
- 5. BSV San Jose Holdings, LLC
- 6. Automotive Management, L.L.C.

Also enclosed is our firm check number 13041 in the total amount of \$150.00 which represents the \$25.00 filing fee for each of the above referenced limited liability companies to reflect the change of Registered Agent.

Should you need something further, please let me know.

Sincerely,

Missy Mastronardi, Legal Assistant

Theresa M. Kenney, Esq.

For the Firm

/MMEnclosures

## **COVER LETTER**

SUBJECT: 1018 ALAMO STREET, L.L.C.	-61:	Takitha Camaran	<del></del>
Name	of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the	following:	
THERESA M. KENNEY, ESQ.			
Name of Person			
DUSS KENNEY SAFER HAMPTON & JOOS, P.A.			
Firm/Company			. 25
4348 SOUTHPOINT BOULEVARD, SUITE 101			TAN JE
Address			ETAI
JACKSONVILLE, FL 32216			TO PA
City/State and Zip Code		_	2024 JUL 31 PM 1:20 SECRETARY OF STATE SECRETARY OF STATE
E-mail address: (to be used for future annua	al report notif	ication)	• • •
For further information concerning this matter, p	lease call:		
THERESA M. KENNEY, ESQ.	904 at (	543-4311	
Name of Person		Area Code & Daytime Telephone Nu	ımber
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	)
Enclosed is a check for the following a	mount:		
■ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy	

INHS18 (2/14)

## 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.

1. Na	ame of the limited liability company: 1018 ALAMO	STREET, L.L.				
2. (a)	1018 ALAMO STREET, L.L.C.	(b)	1018 ALAMO STR	EET, L.L.C.		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	("/_		f limited liability company:  E POST OFFICE BOX)		
	2650-2 ROSSELLE STREET		2650-2 ROSSELLI	E STREET		
	JACKSONVILLE. FL 32204		JACKSONVILLE.	FL 32204		
	JANUARY 24, 2003		L0300000290	02		
3.	Date of filing/registration in Florida	4.	Document nui	mber		
5. (a)	DUSS, JOHN S., IV					
w · ()	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:			
	DUSS KENNEY SAFER HAMPTON & JOOS					
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	ADDRESS) (2) 23			
	4348 SOUTHPOINT BOULEVARD, SUITE 101			EFFERENCE STATES TAILS TAILS SEE STATES		
(b)	JACKSONVILLE	FL_32216				
	THERESA M. KENNEY, ESQ.					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>v</u> :	1:20 1:20			
	NEW Registered Office Address:					
	4348 SOUTHPOINT BOULEVARD, SUITE 101					
	JACKSONVILLE, I	FL_32216				
change agent v was/we	imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members classified by an affirmative vote of the members of the perating agreement of the control of the contro	ne registered o liability comp s of the limited ne limited liabi	ffice and the business of any, it is hereby confir I liability company or a lity company.	office of the registered med that the change(s)		
Signa	ture of a member or authorized representative of a member		Printed or typed	name of signce		
neovici	by accept the appointment as registered agent and a sons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address. It is vitting of this change.	ia martarmana	a of uni dutioe and I ar	n Familiae with and account		

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