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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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(Business Entity Name)					
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Company Comment

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DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: TRANSOURCE AUTOMOTIVE SOL	UTIONS, LLC							
(Name of Limited Liability Company)								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.							
Please return all correspondence concernir	ng this matter to the following:							
RICH FRIEDMAN								
(Name of Person)								
TRANSOURCE AUTOMOTIVE SOLUTIONS, LLC								
(Firm/Company)								
1920 NE 1 TERRACE, #112								
(Address)								
WILTON MANORS, FL 33305								
(City/State and Zip Code)								
For further information concerning this ma	atter, please call:							
RICH FRIEDMAN	at (954) 596-4124							
(Name of Person)	(Area Code & Daytime Telephone Number)							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:								
	□ \$55 Filing Fee & Certified Copy							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.	Nar	ne of the limited liability company: 👤	RANSOURCE AUT	OMOTIVE SOLUTIONS, LLC		
		Principal office address of limited lia (Note: MUST BE STREET ADDR	bility company:			
l	(b)	Mailing address of limited liability co	ompany:	PO BOX 666896 POMPANO BEACH, FL 33066		
		2005	<u>.</u> !	L05000005892		
3. 1	Dat	e of filing/registration in Florida	4	. Document number		
5.	(a)	Registered Agent and Registered Off	fice shown on th	ne records of the Florida Dept. of Star	te:	
		Registered Agent:		RICH FRIEDMAN		
		Registered Office Address:		3300 GATEWAY DRIVE POMPANO BEACH, FL 33069	8 DE	SECRU
((b)	Enter name of NEW Registered Age	ent and/or <u>NEW</u>	Registered Office address:) 10 P	OF COS
		NEW Registered Agent:	•		- 	·경우드
NEW Registered Office Address: (MUST BE FLORIDA STREET A	DRESS)	1920 NE 1 TERRACE H112	<u></u>	RATION		
			.	WILTON MANORS,FL_333	305	-
that offi here liab lim	aft ce deby ility ited	imited liability company is not organier the change or changes are made, the of the registered agent will be identical confirmed that the change(s) was/well company or as otherwise provided in liability company.	e Florida street al. Or, in the cas re authorized by the articles of	address of the registered office and the of a Florida limited liability comparts an affirmative vote of the members	he busin iny, it is of the lii	ess mited
		·	,			
		iedman or typed name of signee)				
•		by accept the appointment as registere with the provisions of all statutes religious with and accept the obligations of this document is being filed to me a than the limited liability company ha	ed agent and ag ative to the prop of my position a rely reflect a ch is been notified i	ree to act in this capacity. I further over and complete performance of my s registered agent as provided for in ange in the registered office address in writing of this change.	igree to duties, a Chaptei , I heret	and I r 608, by
(Sig	natu	re of Registered Agent)				

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