## 105000030987

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Classic Cars (Name of Limited	S Florida, LLC d Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Brian Swan So	ሷ	
Classic Cars of Flo	orida, LLC	OF DEC 19 A
14985 South Tamiam (Address)	i Trail	OF DEC 19 AM 10: OH
Fort Myers FL 339 (City/State and Zip Code)	13	+0:
For further information concerning this matter, ple		
(Name of Person)	(Area Code & Daytime Telephone No	ımber)
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 amo	ount:	
\$25 Filing Fee	\$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, Fl liability company submits the following statement in order to cagent, or both, in the State of Florida.	hange its registered office or registered
1. The name of the limited liability company is:	clars of Florida LL
2. The mailing address of the limited liability company is: 14 Fort Myevs, FL 33913	985 So. Tamiami Tra
3. Date of filing/registration in Florida  4. 1	_0500030987
5. The name of the registered agent and the registered office address florida Department of State:    Hocking John   Hame   Hogs South Jam	P. DIVISION OF CORPOR
Fort Hyers, FL 339 City, State and Zip	racceptable)
If the limited liability company is not organized under the laws of confirmed that after the change or changes are made, the Florida and the business office of the registered agent will be identical. Cliability company, it is hereby confirmed that the change(s) was/of the members of the limited liability company or as otherwise or the operating agreement of the limited liability company.  (Signature of a member of authorized representative of a member)	street address of the registered office Or, in the case of a Florida limited were authorized by an affirmative vote
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper a and I am familiar with and accept the obligations of my position Chapter 608, F.S. Or, if this document is being filed to merely readdless, I hereby confirm that the limited liability company has been company to the company of Registered Agent)	o act in this capacity. I further agree to nd complete performance of my duties, as registered agent as provided for in eflect a change in the registered office been notified in writing of this change.
coignature of Registered Agent)	

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