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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: STephen King Antomotive LLC (Name of Edmited Liability Company)	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	ge
Please return all correspondence concerning this matter to the following:	
JANET GONZalez (Name of Person)	0.5
STEPHEN King Automotive LLC (Firm/Company)	05 JUL 17 M
5601 North W' St. #25	STATE
Peusadola Fl. 32505 (City/State and Zip Code)	
For further information concerning this matter, please call:	
STEVE GONZGLEZ at (850) 434-0250 (Name of Person) (Area Code & Daytime Telephone Number	er)
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:	
\$25 Filing Fee \$\times \text{Certified Copy}\$	

INHS18 (8/05)

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. The name of the limited liability company is: <u>STEPHON King Automotive Libit.</u>	
2. The mailing address of the limited liability company is: 5601 North wi 54.#25.	
Pensacole, Fl. 32505 -	
3-28-00 Lole0000 32377 3. Date of filing/registration in Florida 4. Document number	•
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	
STEPHEN bouzalez Name 5601 North W St. #25	
6. The name and address of the new registered agent and/or office:	;
Address Pensatolo Flags City, State and Zip 6. The name and address of the new registered agent and/or office: Name Step North Florida street address (P.O. Box NOT acceptable)	ر الا
Pensagola FL 32505 City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.	
(Signature of a member or authorized representative of a member)	-
(Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.	
(Signature of Registered Agent)	

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

INHS18 (8/05)