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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Volue Brokes (Name of	of South Cawling, UC Limited Liability Company)
Dear Sir or Madam:  The enclosed Registered Agent/Registered  Please return all correspondence concerning	Office Change and fee(s) are submitted for filing. g this matter to the following:
(Name of Person)  Wake Brakes  (Firm/Company)  2103 Blandin  (Address)  TACLESONVILLE FL  (City/State and Zip Code)	AY 21 AMIC
For further information concerning this management of the second	at ( <u>866</u> ) <u>289-7867</u> (Area Code & Daytime Telephone Number)  MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following	- -
\$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, 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.

2. The mailing address of the limited liability company is: Volve Brakes of Surk Cuoling, LLo  2. The mailing address of the limited liability company is: 2103 Blanding Blud  The course R 32210  1. Date of filing/registration in Florida  3. Date of filing/registration in Florida  5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Falso white Boss Brakes PA  Name  Attn: R Alan Habes Sol E. (Sandy Rud, Julie 1700  Address  Think R 33602  City, State and Zip  6. The name and address of the new registered agent and/or office:  Value Bakes LUC  Name  2103 Blanding Blud  Florida street address (P.O. Box NOT acceptable)  The Court of the Tegistered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change of ordanges 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.  Semular of a member of sugnee.  Semular of a member of sugnee.  Semular of a member of a signee.  Thereby 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 of and and and agent approvised for in Arguer 18 and 18	0 /	J		
2. The mailing address of the limited liability company is: 2103 Blanding Blad  The source of R 722/8  May 27 206  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:  Fasla white Ross Banes PA  Name  Attn: R. Alan Habes Sol Elowely Bld, Juile 1700  Address  The name and address of the new registered agent and/or office:  Value Basker UC  Name  2108 Blanding Bld  Florida street address (P.O. Box NOT acceptable)  Florida street address (P.O. Box NOT acceptable)  The solution of the registered agent and give 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)  Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stiguics relative to the proper and complete performance of my daties, and a signated with a filling comment is being filled to heardy reflect a change in the registered office address. I performance of my daties.  Advent service of the proper and complete performance of my daties.  Advent service of the proper and complete performance of my daties.  Advent service of the proper and complete performance of my daties.  Advent service of the proper and complete performance of my daties.  Advent service of the proper and complete performance of my daties.  Advent service of the proper and complete performance of my daties.  Advent service of the proper and complete performance of my daties.  Advent service of the proper and complete performance of my dat	1. The name of the limit	ted liability company is:	Volve Brakes of.	South Gooding, LLC
3. Date of filing/registration in Florida  3. Date of filing/registration in Florida  5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Faular White   Ross   Barrer   PA	2. The mailing address	of the limited liability comp	pany is: 2103 Bland	ling Blud
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Florida Department of State:    Fax   a white   Boss   Bance   PA     Name     Address   38602     City, State and Zip     City, State and Zip     And Bankes   CC     Name     Total   Bankes   CC     City, State and Zip     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.    The provisions of all statutes relative to the proper and complete performance of my duties and Lamburgh and accept the obligations of my position as registered agent ag	3. Date of filing/registra	tion in Florida		
6. The name and address of the new registered agent and/or office:    Value Bakes   LLC     Name     Total street address (P.O. Box NOT acceptable)     Total street address 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.    Total street address of the 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 60s FS. Or, it his document is being filed to merely register a change in the registered address, I hereby confirm that the limited liability company has been notified in writing of this change.	5. The name of the regis Florida Department of	f State:		
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	(Signature of Registered Agent		-	

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