## 107000019242

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	Four Aces Auto, LLC				
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to tl	he following:		
	Maria J. Cervantes				
	Name of Person				
	SMGQ LAW				
	Firm/Company				
	201 Alhambra Circle, Suite	1205			
	Address				
	Coral Gables, FL 33134				
	City/State and Zip Code		- <del></del>		
	mcervantes@smgqlaw.com				
	E-mail address: (to be used for future annual	ual report no	tification)		
For fu	rther information concerning this matter,	please call:			
Rolar	nd Sanchez-Medina	305	377-1000		
	Name of Person	\	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		MAILING ADDRESS:		
	Registration Section	,	Registration Section		
	Division of Corporations		Division of Corporations		
	Clifton Building		P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	·	Tallahassee, Florida 32314		
	Enclosed is a check for the following amount:				
	□ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy		

TO:

## 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:	ito, LLC	
2. (a)	13687 SW 26 St	(b)	Same
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Miami, FL 33175	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	04/16/2013  Date of filing/registration in Florida		L07000019242  Document number
5. (a)	Olga Adrian		
	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET).  13687 SW 26 ST.		pt. of State:
	Miami FL	33175	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	LOGian addraw	<u>.</u>
	Registered Corporate Services LLC	evince aggres	ණ ර 
	NEW Registered Office Address:		
	201 Alhambra Circle, Suite 1205	· · · · · · · · · · · · · · · · · · ·	
	Coral Gables , FL	33134	
the cha agent was/w the art Signa I here provise the ob- to mer notifie	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the attree of a member of a member of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provide the reflect a change in the registered office address, I do not not a supposition of the registered of the proper and complete the proper and complete ligations of my position as registered agent as provide the proper and complete and the registered of the proper and complete ligations of my position as registered agent as provide the proper and complete ligations of my position as registered agent as provide the proper and complete ligations of my position as registered office address, I do not not not not not not not not not no	the register ability composed the limited liab	ed office and the business office of the registered pany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.  Printed or typed name of signed this canacity. I further agree to comply with the