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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Spéedy Auto C (Name of Limite	ARE, 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 n	natter to the following:
(Name of Person)	
SPEEDY Auro CARE, LLC (Firm/Company)	07 JUN 15 PH 1: 17
16881 SAN CANLOS Blue (Address)	
Four Myrens FL 33908 (City/State and Zip Code)	
For further information concerning this matter, ple	rase call:
(Name of Person) at (_	9/7) 572-4022 (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 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, 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.

agent, or both, in the state of Fiorial.	
1. The name of the limited liability company is: Pres Pres	<u>uc</u> .
2. The mailing address of the limited liability company is: 1688/ San Can	uas Blua.
For Myon Fe	<u> </u>
3. Date of filing/registration in Florida Lo70000 4. Document number	41170
5. The name of the registered agent and the registered office address as shown on the Florida Department of State:	e records of the
Name ZZ3 TAYLOR ST Address PUNTA GORDA FL 33950 City, State and Zip	SECRETAR DIVISION OF C
6. The name and address of the new registered agent and/or office:	F CC
Name 16881 San Canus Blva Florida street address (P.O. Box NOT acceptable)	PH 1:17
Fur Myssus FL 3:3 908 City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florid confirmed that after the change or changes are made, the Florida street address of the and the business office of the registered agent will be identical. Or, in the case of a liability company, it is hereby confirmed that the change(s) was/were authorized by of the members of the limited liability company or as otherwise provided in the article or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	e registered office
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacit comply with the provisions of all statutes relative to the proper and complete perfort and I am familiar with and accept the obligations of my position as registered agent Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the address, I hereby confirm that the limited liability company has been notified in writ	y. I further agree to mance of my duties, as provided for in he registered office ting of this change.

(Signature of Registered Agent)