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(Re	equestor's Name)	,	
(Ac	ldress)		
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## **COVER LETTER**

Division of Corporati	ions		
SUBJECT: BILD	ROAD PRECISION AUTO LLC		
(Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Age	ent/Registered Office Change and fee(s) are submitted for filing.		
Please return all corresponde	ence concerning this matter to the following:		
LEONALDO ROD	RIGUEZ		
(Name o	of Person)		
Bres Page Br	coursel Aug IIC		
(Firm/C	ompany)		
aug Jan A	le + on 1		
1345 NET A	VE. # 901		
•	, , , , , , , , , , , , , , , , , , ,		
MEANIE BEACH	FL 33139		
(City/State a	and Zip Code)		
Ear further information cons	saming this matter planes calls		
ror turther information conc	erning this matter, please call:		
LEONARDO ROBETA	vez at (305) 401-7444		
(Name of Per	son) at (305) 401-7444  (Area Code & Daytime Telephone Number)		
STREET/COURIER	ADDRESS: MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporatio Clifton Building	ns Division of Corporations P.O. Box 6327		
2661 Executive Center			
Tallahassee, Florida 32	2301		
Enclosed is a check	for the following amount:		
\$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 liability company submits the following statement in order to change its regis agent, or both, in the State of Florida.	, the undersigned limited stered office or registered
1. The name of the limited liability company is: Bord ROAD PREUS	Ian Hope UC
2. The mailing address of the limited liability company is: 1345 NE	TANE STEDI.
MEANI BEACH FL 33139	
7/24/07 207000	076325
3. Date of filing/registration in Florida 4. Document num	ıber
5. The name of the registered agent and the registered office address as shown of Florida Department of State:  LEONARDO RODRIGUEZ  Name  1346 NEST AVE #801	on the records of the
1345 NEST AVE #801 Address WEANT BEACH FL 33139 City, State and Zip	SECI DIVISIO <b>07 A</b>
6. The name and address of the new registered agent and/or office:	CRETAR SION OF C
ALPREDO RODRIGUEZ	and the second s
1345 WEST AVE #501	PH 2:
Florida street address (P.O. Box NOT acceptable)	<b>:</b>
NEAMI BEACH FL 33139	
City, State and Zip	
If the limited liability company is not organized under the laws of the State of F confirmed that after the change or changes are made, the Florida street address and the business office of the registered agent will be identical. Or, in the case liability company, it is hereby confirmed that the change(s) was/were authorize of the members of the limited liability company or as otherwise provided in the or the operating agreement of the limited liability company.	of the registered office of a Florida limited d by an affirmative vote
(Signature of a member or authorized representative of a member)	
LEONARDO KOSTAVEZ (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this cae comply with the provisions of all statutes relative to the proper and complete paral I am familiar with and accept the obligations of my position as registered a Chapter 608, F.S. Or, if this document is being filed to merely reflect a change address. I hereby confirm that the limited liability company has been notified in (Signature of Regent)	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change.
Division of Corporations P.O. Por 6227 Tallahassas FI	32314

FILING FEE: \$25.00

INHS18 (8/05)