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•						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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J. HARRIS

COVER LETTER

	tion Section of Corporations						
SUBJECT:	Protractor Use	ed Parts, LLC					
	Name of Limited Liability Company						
Dear Sir or Mad	am:						
The enclosed Re	egistered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.					
Please return all	correspondence concerning this	s matter to the following:					
Elizabe	eth Denise Proctor						
	Name of Person						
Pı	roctractor Used Parts,	LLC					
	Firm/Company						
101							
123	CLearwater Rd						
	Address						
Inte	erlachen, FL 32148						
	City/State and Zip Code						
denis	eturnertaglady@gmail.co	om.					
E-mail add	ress: (to be used for future annu	ual report notification)					
For further infor	mation concerning this matter,	please call:					
Elizab	eth Denise Proctor	at (352) 478–1875					
	Name of Person	Area Code & Daytime Telephone Number					
STREE	T/COURIER ADDRESS:	MAILING ADDRESS:					
Registra	tion Section	Registration Section					
	of Corporations	Division of Corporations					
Clifton	Building	P.O. Box 6327					
	secutive Center Circle ssee, Florida 32301	Tallahassee, Florida 32314					
Enclose	ed is a check for the following	amount:					
22 \$25 1	Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)							

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	me of the limited liability company:	Protractor	r Used Par	ts, LLC			
2.	(a)	125 Clearwater Rd		(b)	125 Clearwater F	Rd.		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Interlachen, FL 32	148		Interlachen, FI	. 32148		
		02/12/2008			L08000016343			
3.		Date of filing/registration in	. Florida	4.	Document number	·		
5.	(a)	Gary T. Proctor						
	` ,	Registered Agent and Registered Office show	vn on the records of	the Florida Dept	t. of State:			
		125 Clearwater,Rd I	nterlachen l	FL 32148	3			
		Registered Office Address (MUST BE F)	LORIDA STREET	ADDRESS)				
		125 Clearwater Rd						
		Interlachen, FL 3	2148	32148	······································			
		Interruction, 12 3	, FL	,		17		
	(b)	Elizabeth Denise Proct	or			C 759 245		
	(0)	Enter name of NEW Registered Agent and/o		Office address	 :	N)	57	
						-	- 30 	
		125 Clearwater RD. Inte	rlachen, Fl	L 32148			4.23	
		NEW Registered Office Address:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8	٠.:	
		125 Clearwater Rd				84	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
								
		Interlachen	. FL	32148				
the age wa the	cha ent w s/we arti- ignation interestified	imited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a Fere authorized by an affirmative vote of the company of the operating a surprise of a member or authorized representative by accept the appointment as registered of the company of this change in the registered of in writing of this change.	street address of Florida limited li- of the members of agreement of the of a member	the registere ability compared the limited limited	d office and the business of any, it is hereby confirmed liability company or as ot lity company Printed or typed name	office of the registed that the change(s) herwise provided in office of signee	ered) in	