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(Requestor's Name)								
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OCT 29 PH 4:03

ALS JOHANGE STATE

Y SULKER NOV 0 1 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE

U

COST LIMIT : \$ 25.00

ORDER DATE: October 27, 2021

ORDER TIME : 2:32 PM

ORDER NO. : 170804-012

CUSTOMER NO: 7644314

CHANGE OF AGENT

NAME: C A R PROPERTIES LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

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: CARPROPER	RTIES L	LC.						
2	(a)			(h)						
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Jailing address o		-		
		9001 East Colonial Drive			9001 East	Colonial Drive	е			
		ORLANDO, FL 32817	ORLANDO, FL 32817							
		06/16/2008		ı	_08000058	8865				
3.		Date of filing/registration in Florida	4.	_	<u> </u>	Document nur	nber			
5.	(a)									
	,	Registered Agent and Registered Office shown on the records of LOWMAN, JR., WILLIAM R., ESQ. SHUFFIELD, LOWN				:				
		Registered Office Address (MUST BE FLORIDA STREET AD 1000 LEGION PLACE, SUITE 1700			DRESS)					
		ORLANDO .FI	32801	-				202		
(b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address:				CCT 29	1021 CCT 29			
		Corporation Service Company				ეა ლეა ე:ლე		AH 9:		
		NEW Registered Office Address:				- 22 2				
		1201 Hays Street					m	ъ		
		Tallahassee FI_	32301							
char ager was	ige it w wei artic	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of les of organization or the operating agreement of the identification.	registe ability c of the lii limited	red om mite lial	office and pany, it is l ed liability bility comp	the business of the business o	office of the	ie regis ie chan	tered	
Signature of a member or authorized representative of a member					Printed or typed name of signee					
I he prov the o	reb isió oblig erei	y accept the appointment as registered agent and agrants of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	perjorn l fòr in iereby c	iani Che conj	this capac ce of my di apter 605, . arm that th	city. I further uies, and I am F.S. Or, if thi e limited liabi	agree to c I familiar v s documer lity compo		with the ed accept ing filed been	
Sign	aturu	Unaca C-Kuby of Registered Agent	Grace	E.	Kirby, Assi	t. Vice Preside	ent			