

LD800000L3257

(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

G. MCLEOD

OCT - 9 2008

EXAMINER



100136192331

10/08/08--01014--006 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT - 8 PM 12:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AEGIS DEALER SERVICES, LLC
(Name of Limited 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 matter to the following:

MICHAEL KEVIN O'BRIEN
(Name of Person)

AEGIS DEALER SERVICES, LLC
(Firm/Company)

P.O. Box 5848
(Address)

FT LAUDERDALE, FL 33310
(City/State and Zip Code)

For further information concerning this matter, please call:

JILL DIFARNECIO at (954) 776-1117 Ext. 203
(Name of Person) (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 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, 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. Name of the limited liability company: AEGIS DEALER SERVICES, LLC

2. (a) Principal office address of limited liability company: 6555 NW 9th Ave.
STE 210
FT LAUDERDALE, FL 33309
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: P.O. Box 5848
FT LAUDERDALE, FL 33309
(Note: MAY BE POST OFFICE BOX)

06/27/2008
3. Date of filing/registration in Florida

L08000063257
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: MICHAEL K O'BRIEN

Registered Office Address: 5610 NW 12th Avenue
STE 209
FT LAUDERDALE, FL 33309

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: _____

NEW Registered Office Address: 6555 NW 9th Ave
STE 210
FT LAUDERDALE, FL 33309
(MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Michael Kevin O'Brien
(Signature of a member or authorized representative of a member)

MICHAEL KEVIN O'BRIEN
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Michael Kevin O'Brien
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00