L08000081356

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Oity/State/Zip/r Hone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
[F]						
Special Instructions to Filing Officer:						
11 mills						
Office Use Only						



500429326035

05/14/24--01002--099 **25.00





CT Corporation 28 Liberty St. New York, NY 10005

Phone (212) 894 8940 www.ct.wolterskluwer.com www.wolterskluwer.com

May 10, 2024

Department of State - Division of Corporations Amendment Section The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: NEW DEAL AUTO ACCEPTANCE, LLC

Dear Sir or Madam,

Corpdirect Agents, Inc. provides the agent for service of process in Florida for the above-named company. Please be advised that the agent for service of process has been changed to: C T Corporation System.

Enclosed please find an executed Statement of Change Form and Cover Letter per entity, which will serve to change the agent to: C T Corporation System, 1200 Pine South Island Road, Plantation, FL 33324. Also enclosed are is check for \$25.00 to cover the filing fee.

Please advise us once the agent change has been noted. Also, enclosed is a self-addressed envelope for your convenience in replying or you can email me at my email address below.

Thank you,

C T Corporation System

Marie Hauer

Agent Services Division

marie.hauer@wolterskluwer.com

Encl.

COVER LETTER

Divi	sion of Corporations					
SUBJECT:	NEW DEAL AUTO ACCEPTANCE, LLC					
	Name of Limited Liability Company					
Dear Sir or N	Aadam:					
The enclosed	Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.				
Please return	all correspondence concerning thi	is matter to the following:				
Marie Hauer						
	Name of Person					
C T Corporation	on System					
	Firm/Company	·····				
28 Liberty St.						
<u> </u>	Address					
New York, NY	10005					
	City/State and Zip Code					
	ddress: (to be used for future annu					
		at ()				
	Name of Person	Area Code & Daytime Telephone Number				
Regist Divisio Cliftor 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations a Building Executive Center Circle assee, 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	S55 Filing Fee & Certified Copy				
NHS18 (2/14)						

TO:

Registration Section

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. N	ame of the limited liability company: NEW DEAL AUTO	O ACCI	EPTANCE,	LLC		
2. (a)		(b)			
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) FINANCE 1156 Cassat Avenue, c/o First Coast Auto Resources, In Jacksonville, FL 32205				
	1156 Cassat Avenue, c/o First Coast Auto Resources, Inc.					
	Jacksonville, FL 32205					
	08/26/2008		L08000081	356		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CORPDIRECT AGENTS, INC					
J. (U)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of Stat	- ee:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	1200 South Pine Island Road			20 T/G		
	Miami , FL 33324			2024 HAY		
(b)	C T Corporation System	ın				
(0)	Enter name of NEW Registered Agent and/or NEW Registered O					
				9 5		
	NEW Registered Office Address:			- 第四 第四 ★		
	1200 South Pine Island Road			-		
	Plantation FL 3	3324				
the cha agent yeas/w the art Signa I here provise the objecto mer	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of icles of organization or the operating agreement of the liability of a member or authorized representative of a member of the liability accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pulications of my position as registered agent as provided judy reflect a change in the registered office address. I he din writing of this change. C T Corporation System	he regis bility co the lim imited l	stered offic impany, it i ited liabilit iability con	e and the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in an apany. **Printed or typed name of signee** **Printed or typed name of		
	ire of Registered Agent					

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