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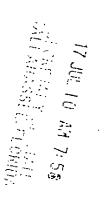
(Requestor's Name)					
(Address)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Efficie Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions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

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Everyone Drives Auto Sales, LLC Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing.				
Please	return all correspondence concerning the	nis matter to the fo	ollowing:				
Stanl	ey H Jackson Sr.						
	Name of Person	-					
Every	one Drives Auto Sales, LLC						
	Firm/Company		_				
1492	0 Otto Rd.						
	Address		_				
Tamp	oa FL 33624						
	City/State and Zip Code		_				
sjack	so1@gmail.com						
E	-mail address: (to be used for future an	nual report notific	ation)				
For fur	ther information concerning this matter	, please call:					
Stanle	ey Jackson	813 at (493-3335				
	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	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314				
	Enclosed is a check for the following amount:						
	■ \$25 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	ame of the limited liability company: Everyone Driv	es Au	to Sales	, LLC.
2. (a)	14920 Otto Rd.	(b) 14920 Otto Rd.		
2. (1)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa FL 33624	_	Tampa	ı FL 33624
	12/15/2008	_		113835
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Stanley H Jackson Sr.			
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			iate:
				17 Jul 10
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	13759 N. Nebraska Ave.			
	Tampa _{FT}	33613		- CA 14 14 14 14 14 14 14 14 14 14 14 14 14
	,,,,,,	-		= <u>5</u> 5 7
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered (Office ac	idress:	· ·
	NEW Registered Office Address:			_
	14920 Otto Rd.			
				_
	Tampa FL	33624		
				_
the cha	imited liability company is not organized under the law inge or changes are made, the Florida street address of t	the regi	stered offi	ice and the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of	bility c	ompany, it	is hereby confirmed that the change(s)
the arti	icles of organization or the operating agreement of the l	imited	liability co	ompany.
	ture of a member of authorized representative of a member	_S	tanle	Y H Jackson St.
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			9
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d'in writing of this change.	ee to ac perforn for in ereby c	t in this ca lance of m Chapter 6 confirm tha	ipacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed it the limited liability company has been

Signature of Registered Agent