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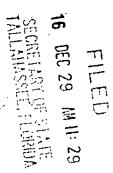
(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to Filing Officer:					
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D. SCOT*
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INHS18 (2/14)

TO: Registration Section Division of Corporations		
MIAMI AUTO BROKER L.L.C.		
SUBJECT: Name of	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
ALBERT TORRES		
Name of Person		
MIAMI AUTO BROKER L.L.C.		
Firm/Company		
4200 N 29TH AVE STE B		
Address		
HOLLYWOOD, FL 33020		SECTION SECTION
City/State and Zip Code		題のこ
MIAMIAUTOBROKER@HOTMAIL.COM		FILED DEC 29 MIII: 29 CHELOSSEE FILOSOF
E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this matter, pleas	se call:	· 29
ALBERT TORRES	877 443-2850	
Name of Person	Area Code & Daytime Teleph	one 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 amo	unt:	
2 \$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 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	time of the limited liability company: $\frac{N}{N}$	MIAMI AUTO I	BROK	ER L.	L.L.C.
2. (a)	Principal office address of limited liabil (Note: MUST BE STREET ADDITIONAL ASSOCIATION AS		_ (t	420	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 00 N 29TH AVE STE B
	HOLLYWOOD, FL 33020			HOL	DLLYWOOD, FL 33020
	03/13/2009			L090	000024645
3. 5. (a)	Date of filing/registration in F	lorida	4.		Document number
()	Registered Agent and Registered Office shown	on the records of th	e Florida	a Dept. o	of State:
	Registered Office Address (MUST BE FLC) 4200 N 29TH AVE STE B	ORIDA STREET AI	DDRESS	<u>S)</u>	
	HOLLYWOOD	, FL	33020		
(b)	ROSA MARTINEZ Enter name of NEW Registered Agent and/or	NEW Registered (Office ad	dress:	PEC 29 MIN: 29 PEC 20 MIN: 29
	NEW Registered Office Address:				——————————————————————————————————————
	7266 SW 109 PATH				
	MIAMI	, FL	33173		
the cha agent v was/we	inge or changes are made, the Florida st will be identical. Or, in the case of a Flo	reet address of to orida limited lial the members of	he regi bility co the lim imited	stered ompany nited lia liability	e of Florida, it is hereby confirmed that after d office and the business office of the registerny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. T TORRES
Signa	ture of a member or authorized representative of	a member			Printed or typed name of signee
provisi the obl to mer	ions of all statutes relative to the proper ligations of my position as registered ag	r and complete p ent as provided	erform for in (ance o Chaptě	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accester 605, F.S. Or, if this document is being files that the limited liability company has been
Signatu	re of Registered Agent				