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| (Requestor's Name) | | | | | |
|---|------------------|--------|--|--|--|
| (Address) | | | | | |
| (Addres | ss) | | | | |
| (City/Si | ate/Zip/Phone #) | | | | |
| PICK-UP | _ | MAIL | | | |
| (Rusine | ess Entity Name) | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of | Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|-----------------|
| Mlami Auto Broker LLC | | |
| | Limited Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office C | Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this ma | atter to the following: | 201 LOS |
| Albert Torres | | ₩ -b |
| Name of Person | | ;> |
| Mlami Auto Broker | | ب <u>ي</u> س |
| Firm/Company | | |
| 4200 N 29th Ave Suite B | | |
| Address | | |
| Hollywood, FL 33020 | | |
| City/State and Zip Code | | |
| miamiautobroker@hotmail.com | | |
| E-mail address: (to be used for future annual r | report notification) | |
| For further information concerning this matter, plea | ise call: | |
| Albert Torres | 786 355-7887 t () | |
| Name of Person | Area Code & Daytime Telephone Nu | umber |
| 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 | ount: | |
| ☑ \$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. N | ame of the limited liability company: Miami Auto Br | oker LLC | | |
|---------------------------------------|--|---|---|--|
| 2. (a) | Miami Auto Broker LLC | (b) Mlami Auto Broker LLC | | |
| (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | , | Mailing address of limited (Note: MAY BE POST | • • • |
| | 4200 N 29th Ave Suite B | 4200 N | 29th Ave Suite B | |
| | Hollywood, FL 33020 | Hollywo | od, FL 33020 | |
| | 03/13/2009 | L0900002 | 24645 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a | Rosa Martinez | | | 25 |
| J. (u | Registered Agent and Registered Office shown on the records of the | he Florida Dept. of Stat | - e: | |
| | Miami Auto Broker LLC | | | 7 199 |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | - | 1 1 |
| | 4200 N 29th Ave Suite B | | | |
| | Hollywood , FL | 33020 | _ | آر ۔ |
| (b) | Albert Torres | | ; - | 5. 5. |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | | |
| | Miami Auto Broker LLC | | | |
| | NEW Registered Office Address: | | _ | |
| | 4200 N 29th Ave Suite B | | - | |
| | Hollywood | 33020 | _ | |
| the ch agent was/w | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the registered office bility company, it i f the limited liabilit | e and the business of s hereby confirmed the y company or as othe apany. | fice of the registered hat the change(s) |
| Sion | ature of a member or authorized representative of a member | Albert Torres | Printed or typed name of | f signee |
| I here provis the ob- to mei | which the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I have a first change in the change of the change. | ee to act in this cap performance of mv I for in Chapter 602 vereby confirm that | acity I further agree | 2 to comply with the |

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

Signature of Registered Agent