1090000 55329

(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



800350935688

08/26/20--01025--014 **375.00

SECRETARY OF STATE TALLAHASSEF, FI

JU 10/12/20

COVER LETTER

Division of Corporations Warren Henry Jaguar, LLC	
SUBJECT: Name of Lim	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Erik Day	
Name of Person	
Warren Henry Jaguar, LLC	
Firm/Company	
2300 NE 151st ST	
Address	
North Miami, FL 33181	
City/State and Zip Code	
eday@warrenhenryauto.com	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please ca	all:
Alana Wilson 30	690-6010
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	:
■ \$25 Filing Fcc	☐ \$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 10	ame of the limited liability company:							
(a)	2300 NE 151st ST		(b) 2300 NE 151st ST					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	North Miami, FL 33181			North Mi	ami, FL 3318	31		
	6/08/2009		1	.09000055	5329	_		
	Date of filing/registration in Florida	- 4.	_		Document	t number		
(-)	Todd A. Fodiman	••			Bodamen	· mannoer		
(b)	Registered Agent and Registered Office shown on the records o	f the Fig	rida	Dept. of Sta	 ate:			
	1111 Brickell Avc.							
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)				2	
	Ste. 2150					777 272 - 123 273 - 123	2020 AUG	
	Miami , F	L 3313	1				NUG 2	
	Todd A. Fodiman, Esq.				-	RY OF TASSE	6 AM	لدا آ
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	4 8: 5 STAT E.FL			
	3225 Aviation Ave.					ATE	59	
	NEW Registered Office Address:				_			
	Suite 301				_			
	Miami	3313 I	3					
inge ent v s/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e regis lability of the limite	tered con limi	l office and pany, it led liabili to the liabili to the liabili to the liabili to the led liability to the led liab	nd the busin is hereby co ty company	ess office on firmed the	of the rate the	registered change(s)
igna	ture of a member or authorized representative of a member	_		<u> </u>	Printed or t	yped name of	signee	
visi obl nere	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	ree to perfo ed for t hereb	act i rmai n Cl v coi	n this cap ice of my iapter 60 ifirm that	pacity. I fur duties, and 5, F.S. Or, the limited	ther agree I am famil if this docu liability co	to con iar wit ment i mpany	ply with the hand access s being file has been
	re of Registered Agent							