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(Reque	estor's Name)			
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(City/S	tate/Zip/Phone #)			
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(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

JAN 23 2012

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ			d Motors, LLC Liability Company	
Dear S	Sir or Madam:			
The av	asland Davistanad Apant/Davistanad (Of6 (Thamas and fac(s) and s	when itted for filing
THE EI	nclosed Registered Agent/Registered (Office C	change and ree(s) are si	dominica for ming.
Please	return all correspondence concerning	g this ma	atter to the following:	
	Matthew V. Guida			
	Name of Person			
	Preferred Motors, LLC			21 TAS
	Firm/Company			IIZ L ECA LLA
	14513 N Nebraska Avenue, Sui Address	ite 109		2012 JAN 20 AM 8: 50 SECRETARY OF STATE ALLAHASSEE, FLORID
	Tampa, FL 33613			8: 5 Tate Oric
 	City/State and Zip Code		······································	F
E-	matt@preferredmotorsllc.co	om notificatio	n)	
For fu	rther information concerning this mat	ter, plea	ise call:	
	Matthew V. Guida	at (813)	205-7568
-	Name of Person			ne Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	ions
	Enclosed is a check for the following	ing amo	ount:	
	\$25 Filing Fee		\$55 Filing Fce &	Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agon, or oom, in the state of 1 tortal.				
Name of the limited liability company:	Preferred Motors, LL	Preferred Motors, LLC		
2. (a) Principal office address of limited liability compa	ny: 14513 N. Nebraska Avenue			
(Note: MUST BE STREET ADDRESS)	Suite 109 Tampa, FL 33613			
(b) Mailing address of limited liability company:	14513 N. Nebraska Avenue			
(Note: MAY BE POST OFFICE BOX)	Suite 109 Tampa, FL 33613			
10/9/2009	L09000097	611		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida D	ept. of State:		
Registered Agent:	Matthew V. Guida	201 SE		
Registered Office Address:	13745 N. Nebraska Ave Tampa, FL 33613	Z JAN 20 LUPA TARY		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office addre	AM 8: 5u OF STATE OF STATE		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14513 N. Nebraska Ave Suite 109 Tampa	,FL33613		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the rentical. Or, in the case of a Floe(s) was/were authorized by an	registered office orida limited affirmative vote		
Matthew V. Guida Printed or typed name of signee	<u></u>			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address I thereby confirm that the limited liability comp	d agree to act in this capacity. proper and complete performa position as registered agent as merely reflect a change in the i any has been notified in writin	I further agree to ince of my duties, s provided for in registered office ig of this change.		

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