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(Requestor's Name)								
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(City/State/Zip/Phone #)								
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(Document Number)								
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10/16/23--01043--015 **25.00

NELAHASSEE DELAH.

COVER LETTER

TO: Registration Section Division of Corporations	
ROCKWELL LEASING, LLC SUBJECT:	
	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:
Valerie Kaye	
Name of Person	
Prestige Motor Car Imports, LLC	
Firm/Company	
14800 Biscayne Blvd	
Address	
North Miami Beach, FL 33181	
City/State and Zip Code	
valerie@prestigeimports.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
Valerie Kaye 30	
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

1NHS18 (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.

I. N	ame of the limited liability company: ROCKWELL LE	EASING	, L.	l.C				
2. (a)			(b)					
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			,	Mailing address of (Note: MAY B		-	
	14800 Biscayne Blvd		N. Miami Beach, Fl. 33181					
	N. Miami Beach, FL 33181							
	10/26/2009		ı	.090001028	350			
3.	Date of filing/registration in Florida	4.	-		Document nur	nber		
5. (a)								
P. (W)	Registered Agent and Registered Office shown on the records of Legacy Wealth Advisors, LLC	the Flori	da	Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE:	<u>SS)</u>		_			
	801 Brickell Avenue Suite # 2550							
	Miami , F1	33131			-	∄ _c	202	
				•	-	L C	2023 OCT 16	 -
(b)	Enter name of NEW Registered Agent and/or NEW Registered				-	SVI	=======================================	1 ;
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ıdd</u>	ress:		SEE.	9	
	Kluger, Kaplan. Silverman, Katzen & Levine, P.L.			_,				
	NEW Registered Office Address:) 	8: 20	
	201 S. Biscayne Boulevard #2700				- -		0	
	Miami, FL	33131						
change agent was/w was/w the arr Signa I here provisi the obi	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liague authorized by an affirmative vote of the members of the operating agreement of the little of a member or authorized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. If a din writing of this change.	registe ability c of the lin limited Bre	red on mit lia ett	l office and npany, it is sed liability ability compavid	If the business of hereby confirm company or a pany. Printed or typed acity. I further.	office of med that is otherw	the reg the cha ise pro	gistered ange(s) ovided in
Signatu	re of Registered Agent							