L09000106464

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



600205759286

05/02/11--01030--015 **25.00

FILED

11 MAY -2 PN 3: 38

SECRETARY OF STATE
SECRETARY OF FLORIDA

J. BRYAN

MAY - 4 2011

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations	
	RESTORATION 4X4, LLC.
Dear Sir or Madam:	,
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
ALBERT TEMPRO Name of Person	SECRET
GLOBAL EXTREME RESTORATION 4X4 Firm/Company	ARY OF STA SSEE. FLOF
11305 SE FEDERAL HWY. Address	
HOBE SOUND, FL 33455 City/State and Zip Code	
gxr4x4@gmail.com E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, ple	ease call:
ALBERT TEMPRO at (772) 545-3805 Area Code & Daytime Telephone 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 am	iount:
\$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 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.

1. Name of the limited liability company: GLOBAL E	XTREME RESTORATION 4X4, LLC	
2. (a) Principal office address of limited liability compan	y: 11305 SE FEDERAL HWY	
(Note: MUST BE STREET ADDRESS)	HOBE SOUND, FL 33455	
(b) Mailing address of limited liability company:	SAME AS ABOVE	
(Note: MAY BE POST OFFICE BOX)		
	35 3 C	
04/01/2011		
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State	
Registered Agent:	MAURICIO ZAMBRANO	
Registered Office Address:	11305 SE FEDERAL HWY HOBE SOUND, FL 33455	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	ALBERT TEMPRO 11305 SE FEDERAL HWY.	
(MUST BE FLORIDA STREET ADDRESS)	HOBE SOUND ,FL33455	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote arriveles of organization	
ALBERT TEMPRO Printed or typed name of signee	<u> </u>	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my portugate to the prand I am familiar with and accept the obligations of my portugate to the company of the configuration of the company of the com	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.	