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11/9/2017

Division of Corporations

Florida Department of State

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Division of Corporations

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Account Number : I20090000081

: (307)200-2803

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LLC REGISTERED AGENT CHANGE SEAN'S TOTAL CAR CARE LLC

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Help

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

l. Na	ame of the limited liability compar	sean's t	OTAL CA	R CARE I	_LC		
2. (a)	11100A SUMMERLIN S Principal office address of limite (Note: MUST BE STREET	ed liability company:	(b) 11100A SUMMERLIN SQUARE Mailing address of limited hability (Note: MAY BE POST OFFICE)			company:	
	FORT MYERS, FL 33931		FORT	MYERS, FL	33931		
	03/16/2010			029465 .		us considerate delegan en 14	
3.	Date of filing/registratio	n in Florida		Document numb			
5. (a)	A1A Registered Agent Inc.	(Resigned)			NOV AHLA	~ †1	
). (u)	Registered Agent and Registered Office		e Florida Dept. of Sta	te:	93385 13 139 6 -	TLED	
	Registered Office Address (MUST B	E FLORIDA STREET AI	DDRESS)		AM 10: 40	Ö	
		F1	$\frac{df}{df} = \frac{df}{df} + df$		40		
(b)	Registered Agents Enter name of NEW Registered Agent		Min address	_			
	3030 N. Rocky Po	oint Dr					
	NEW Registered Office Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***				
	STE 150A						
	Tampa	, FL	33607				
he cha igent v was/we	imited liability company is not organge or changes are made, the Flor will be identical. Or, in the case of the authorized by an affirmative vicles of organization or the operation of the opera	ganized under the laws rida street address of t f a Florida limited liab ote of the members of	s of the State of F he registered offic pility company, it the limited liabili	te and the business is hereby confirme ty company or as:	s office of the ed that the cha	registered nge(s)	
Signat	ture of a member or authorized representa	itive of a member	NIEY FAIK	Printed or typed na	me of signee		
I herei provisi he obl o mere po <u>jif</u> jec	by accept the appointment as regi- tions of all statutes relative to the igations of my position as register ely reflect a change in the register of inspriting of this change. Bill Hav	stered agent and agre proper and complete p red agent as provided red office address, I he		oacity. I further u duties. and I am j 5, F.S. Or, if this the limited liabili	gree to comply familiar with a document is b ity company ho	y with the ind accept eing filed is been	
<u> </u>	re of Registered Agent	/re - Assistant	Secretary				