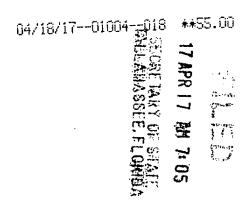
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	22222
ANTAPRIT PH 4:54	MASSEE, FLORIDA	

Office Use Only



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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Cash Auto Sale	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	
Marie Evans Name of Person	
Cash Auto Sales Firm/Company	LLC
6912 S. Pine Aue Address	
Ocala FL 344° City/State and Zip Code	80
Cash Acuto Salos UL @ 6m. E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter	, please call:
David Cstes	at (352) 867-1000
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
□ \$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 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. Na	ame of the limited liability company: <u>(QSH AU+6 SaleS LLC</u>
2. (a)	6912 Spine AVe (b) 6912 Spine AVe
{	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
, Ka	and Charles Nove on Andrew 21148A 1705
In	39910 2 105 10 50 100 2 105
	UCALA 16 34411 5 OCALA 16 34411
	1-9-17 410000634339
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Marie A. Larocco Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Augment Agent and Register & State State and an are research as a second of the state of the sta
1	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
11/2	1701 SE 24th Rd. 2705 SE 34th ST
Ma	Oca (a , FL 34471
	- OCUMU , FL STATT
(b)	
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Manie Ne Vans NEW Registered Office Address:
6	1701 SE 24th Rd 2705 SE 24th St
M	1101 00 a 12 100 DE 31.
•	00010
	. Ocaler _{FL} 34471
TC.1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
the cha	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered
the cha	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
the cha agent v was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00