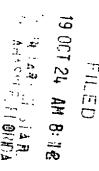
L10000053841

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	\neg
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Office Use Only



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15.24-19



September 30, 2019

Shipyourcarnow, LLC 1160 S. Rogers Cir. Suite 1 Boca Raton, FL 33487

SUBJECT: SHIPYOURCARNOW, LLC.

Ref. Number: L10000053841

It has been brought to our attention that registered agent designated for SHIPYOURCARNOW, LLC. is located in Birmingham, AL. Florida law requires the registered agent be an individual who resides in this state or another authorized business entity found on the records of this office, either must has a Florida street address. The agent must be available for service of process from 10 to 12 each business day.

Therefore, the purpose of this letter is to notify this entity: 1.) that statutory compliance of properly maintaining a registered agent is not being meet and 2.) that the entity named above is subject to adminstrative dissolution for failing to maintain a registered agent.

Therefore, the information must be corrected on our records.

Please consider this notice of our intent to administratively dissolved/revoked this entity on or after December 1, 2019 if a new registered agent is not properly designated.

Please complete and submit the enclosed form. This change may be processed at no charge, as the annual report process should have prevented the report from being accepted. Enclose a copy of this letter to ensure proper handling.

Please let us know should you have any questions.

Sincerely, Lyn Shoffstall Division of Corporations

Letter No: 619A00020093

COVER LETTER

* TO: * Registration Section Division of Corporations						
	R CAR NOW. (C	<u> </u>				
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:					
Don BROWN Name of Person						
BURR FORMAN Firm/Company	LLP	19 007				
350 E CAS OLAS B	LVD \$1420	24 PH 6: 1				
FORT CAMPERPACE FOR City/State and Zip Code	<u> 333 o j</u>					
ACCOUNTED CO HDB LOG E-mail address: (to be used for future annual	RCAROTAW, Wm					
For further information concerning this matter, ple	ease call:					
	at (954) 756 6034					
Name of Person	Area Code & Daytime Telepho	one Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

INHS18 (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

1.	Na	ame of the limited liability company: $\frac{\sum + P}{}$	Mour	CARI	70W C	\mathcal{L}	
2	(a)	•	(b)			~	
_,	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-/	Mailing address	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3.		Date of filing/registration in Florida	4.	Document n	umber		
5.	(a)	Registered Agent and Registered Office shown on the records of the					
		Registered Agent and Registered Office shown on the records of the	State:				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		19 (
					FIL 007.24 44.260		
		, FL					
	(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office address:		(B)	٠.	
		350 E CAS O CAS BL NEW Registered Office Address:	VD the	1420	5 -		
							
		FORT CAMPERDAGE FL	33307	<u>) </u>			
th ag w	e cha gent v as/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered o bility company f the limited lial	ffice and the bus , it is hereby con bility company o	iness office of the re firmed that the chan	egistered ge(s)	
_				ANTITON	d pISA	<u>, o</u>	
	_	ture of a member of authorized representative of a member	an to motive thin				
pr th to	ovis e obi mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address, I h d in writing of the schange.	ze to act in this performance of I for in Chapter ereby confirm t	capacity. I jurth my duties, and I 605, F.S. Or, if that the limited li	ar agree to comply am familiar with an this document is be ability company has	wiin ine d accept ing filed s been	

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

Signature of Registered Agent