L10 0000063863

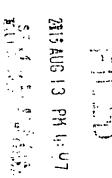
(Requestor's Name)					
(Address)					
(Address)					
(C	ity/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



700332703917

08/13/13--01025--016 *+25.00



Y SULKER AUG 1 6 2019

COVER LETTER

:

TO:	Division of Corporations				
SUBJI	WALKERS COMPLETE AUTO TRUCK AND TIRE, LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the following:			
KEVI	N E. RIGGS				
	Name of Person				
REN	AISSANCE CONSULTING AND D	DEVELOPMEN ⁻			
	Firm/Company				
5331	PRIMROSE LAKE CIR, STE 228				
	Address				
TAM	PA, FL 33647				
	City/State and Zip Code				
KEVI	N@RENCD.COM				
E	-mail address: (to be used for future and	nual report notification)			
For fu	rther information concerning this matter.	, please call:			
KEVI	N E. RIGGS	813 435-5585			
	Name of Person	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 Taflahassee, 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.

I. Na	ame of the limited liability company: WALKERS C	OMPLETE AUTO	O TRUCK AND TIRE, LLC	
2. (a)	2603 11TH AVE S.E.	(b) 2603 11TH AVE S.E.		
- . (u)	Principal office address of limited liability company: (Note: MUST_BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	RUSKIN, FL 33570	RUSKIN	N, FL 33570	
	06/15/2010	L100000	63863	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	RENAISSANCE CONSULTING AND DEVE	LOPMENT, LLC		
	Registered Agent and Registered Office shown on the records of	the Florida Dept, of Stat	e:	
	KEVIN E. RIGGS			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	17411 BRIDGE HILL CT		2319 AUG	
	TAMPA	33647		
			_	
(b)	RENAISSANCE CONSULTING AND DEVEL			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		
	KEVIN E. RIGGS			
	NEW Registered Office Address:		-	
	5331 PRIMROSE LAKE CIR, STE 228		_	
	TAMPA .FL	33647		
the cha agent v was/w	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered offic ability company, it is of the limited liabilit limited liability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
Signa	dure of a member or authorized representative of a member		Printed or typed name of signee	
I here provisi the obi to mer notifie	hy accept the appointment as registered agent and agricons 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, I do in writing of this change.	ee to act in this cap performance of my d for in Chapter 60, hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signag	ire of Registered Agent			