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D. BRUCE

AUG 0 4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DR 12 volt CAR AND Name of Limited	Teuk Accessories LLC Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Denvis truzzetti Name of Person DR 12 volt CAR And TRuck A		
Firm/Company		
106 45 E. turtle LN Address	TALLA	
FLoral City FL. 344366 City/State and Zip Code	JIG -3 P	
DEN. DR 12 volt @ GHail E-mail address: (to be used for future annual report notification	COM COM COM COM COM COM COM COM	Ö
For further information concerning this matter, plea	se call:	
Dennis Teurretti at (3	Area Code & Daytime Telephone Number	. ". r
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 amo	unt:	
\$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. R. 12 volt Car And Truck Accessories, LLC 1. Name of the limited liability company: 2381 F. Yancey IN. 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: United STATES Corporation Augusts, INC Registered Agent: Registered Office Address: TAMOA FL 33612 (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) FLORAL CITY If the limited liability company is not organized under the laws of the State of Florida, it is hereby

confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or an appropriate of the limited liability company. or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent