

L10000115488

(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:

A. LUNT

OCT 13 2011

EXAMINER

Office Use Only



400213165634

10/11/11--01059--001 **180.00

FILED
2011 OCT 11 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFOAUTO, LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORRAINE E. PEREZ
Name of Person

INTERCONTINENTAL LAW FIRM, P.A.
Firm/Company

P.O. BOX 348086
Address

CORAL GABLES, FL 33234
City/State and Zip Code

LPEREZ@INTERCONTLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORRAINE E. PEREZ at (305) 444-1272
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
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
2011 OCT 11 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

1. Name of the limited liability company: INFOAUTO, LLC.
2. (a) Principal office address of limited liability company: 2875 NE 191 STREET, SUITE 512

(Note: MUST BE STREET ADDRESS)

AVENTURA, FL 33180

- (b) Mailing address of limited liability company: 2875 NE 191 STREET, SUITE 512

(Note: MAY BE POST OFFICE BOX)

AVENTURA, FL 33180

11/05/2010

L10000115488

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida State:

Registered Agent:

INTERCONTINENTAL LAW FIRM, P.A.

Registered Office Address:

3191 CORAL WAY
SUITE 616
CORAL GABLES, FL 33134

- (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)

175 SW 7th STREET

SUITE 1707

MIAMI, FL 33130

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 as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Lorraine E. Perez
Signature of a member or authorized representative of a member

LORRAINE E. PEREZ

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.

Lorraine E. Perez
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00