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K. SALY EXAMINER

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## **COVER LETTER**

Division of Corporations		
SUBJECT:		
Name of	Limited 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:	
LORRAINE E. PEREZ		
Name of Person		
INTERCONTINENTAL LAW FIRM, P.A.		
Firm/Company		
3905 NW 107TH AVE., SUITE 303		
Address		
DORAL, FLORIDA 33178		
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, ple	ase call:	
LORRAINE E. PEREZ	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 am	nount:	
☑ \$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	me of the limited liability company: INFOAUTO,	LLC.	
2. (a)	3440 HOLLYWOOD BLVD.	(b) 3440 H	OLLYWOOD BLVD.
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 415	SUITE	415
	HOLLYWOOD, FL 33021	HOLLY	WOOD, FL 33021
	11/05/2010	L100001	15488
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	INTERCONTINENTAL LAW FIRM, P.A.		
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of Sta	_ te:
	175 SW 7TH STREET		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	_
	SUITE 1707		
	MIAMI , F	<sub>L</sub> 33130	2016 AUG SECRET
(b)	INTERCONTINENTAL LAW FIRM, P.A.		<i>⊙</i> ⊅ <b>Ν</b>
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	- SEE S
	3905 NW 107TH AVE.		PK IZ: 15 SEE, FLORIDA
	NEW Registered Office Address:		
	SUITE 303		- -
	DORAL	<sub>L</sub> 33178	
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members eles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and complete	of the registered office liability company, it of the limited liability con LORRAINE	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.  E. PEREZ  Printed or typed name of signee
	ons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	ed for in Chapter 60 Thereby confirm that	5, F.S.' Or, if this document is being filed the limited liability company has been

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