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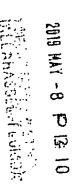
(Req	uestor's Name)	
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(City	/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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U5/U8/19--U1U14--U22 **170.00



T. LEWEUX

COVER LETTER

TO:	Registration Section Division of Corporations	,	. ,
SUBJI	Mahalak Auto Group, LLC		
		ne of Limited Li	ability 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:
Krista	Mahalak		
	Name of Person		_
Peters	son & Myers, P.A.		
	Firm/Company		
242 V	Vest Central Avenue		
	Address	,,	
Winte	r Haven, FL 33880		
	City/State and Zip Code		_
KMah	alak@PetersonMyers.com		
Е	-mail address: (to be used for future ann	iual report notifi	cation)
For fur	ther information concerning this matter,	please call:	
Krista	Mahalak	863	294-3360
	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	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	2 \$25 Filing Fee	□ \$5	5 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.

	ime of the limited liability company:			
(a)	190 Avenue K SW		(b) 299 C	ypress Gardens Boulevard
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		\	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Winter Haven, FL 33880		Winter	Haven, FL 33880
	11/12/2010		 L10000	118125
	Date of filing/registration in Florida	4.		Document number
(a)	Krista Mahalak			
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 99 6th Street SW			tate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS)	
(b)	Winter Haven . F	L_3388	30	
	Krista Mahalak			28 EAY
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
` '	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	
` '	Enter name of NEW Registered Agent and/or NEW Registered 242 West Central Avenue	d Office	address:	
` '		d Office	address:	ម៉ែរសំ 🕟 🚺 🙀 🔻
` '	242 West Central Avenue	d Office		
he li cha nt v	242 West Central Avenue NEW Registered Office Address:	L 3388 1 ws of the reliability of the l	he State of l gistered off company, i imited liabi d liability c	Florida, it is hereby confirmed that after fice and the business office of the registe t is hereby confirmed that the change(s) lity company or as otherwise provided i

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 605, 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

Ush

mahal