

211000026199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

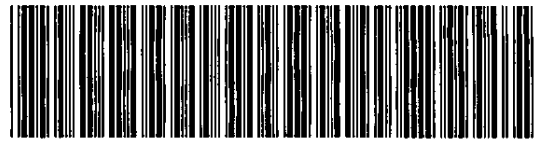
(Business Entity Name)

(Document Number)

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16 OCT -3 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 06 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2016

ZORAIDA CARDENAS
313 5TH AVE S
LAKE WORTH, FL 33460

SUBJECT: CBF MOTORS LLC
Ref. Number: L11000026199

We have received your document for CBF MOTORS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 216A00019036

2011 OCT -3 PM 4:36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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16 OCT -3 PM 4:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cbf Motors
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:

Zoraida Cardenas
Name of Person

Firm/Company

313 5th Ave S.
Address

Lake Worth, FL 33460
City/State and Zip Code

Zorcardenas@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zoraida Cardenas at (561) 376-9259
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

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TALLAHASSEE, FLORIDA

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. Name of the limited liability company: CBF motors LLC

2. (a) 313 5th Ave S (b) Same

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Lake Worth FL 33460

3. 03/02/2011 4. L11000026199

Date of filing/registration in Florida

Document number

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

313 5th Ave S.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Lake Worth, FL 33460
_____, FL _____

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

_____, FL _____

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16 OCT -3 PM 4:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

[Signature]
Signature of a member or authorized representative of a member

Zoraida Cardenas
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 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]
Signature of Registered Agent