## L110000 Salcy

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phon	ne #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate	s of Status				
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## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	MGP MOTOR HOLDINGS LLC						
		e of Limited Liab	pility Company				
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Offic	ce Change and fo	e(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the fo	llowing:				
IVAN	IGELINA GARRIDO						
	Name of Person		-				
KEN	DALL MITSUBISHI						
	Firm/Company						
8523	SOUTH DIXIE HWY		_				
•	Address						
MIAN	ИI FL 33143		_				
	City/State and Zip Code						
OPE	RNIA@YAHOO.COM						
Ī	E-mail address: (to be used for future annu	ual report notifica	ation)				
For fu	rther information concerning this matter,	please call:					
IVAN	IGELINA GARRIDO	305	6692000				
	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	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy				
INHSI	8 (2/14)						



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

June 12, 2015

IVANGELINA GARRIDO KENDALL MITSUBISHI 8523 S DIXIE HWY MIAMI, FL 33143

SUBJECT: MGP MOTOR HOLDINGS LLC

Ref. Number: L11000052604

We have received your document for MGP MOTOR HOLDINGS 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 CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 815A00012385

## 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: MGP MOTOR	HOL	DII	NGS LLC	·
	` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Ma	niling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		8523 SOUTH DIXIE HWY		1	8523 SOL	JTH DIXIE HWY
		MIAMI, FL 33143	_	-	MIAMI, FI	_ 33143
		05/04/2011		L	11000052	2604
3.		Date of filing/registration in Florida	4.		Ε	Document number
5	(a)					
٥.	(a)	Registered Agent and Registered Office shown on the records of the	ne Florid	da D	Dept. of State:	
		CESAR RODRIGUEZ				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	SS)		
1450 BRICKELL AVENUE #2960						As 5
		MIAMI , FL	33131	1		THE DIN 29 AH SECRETARY OF SECRETARY OF STALLAHASSEE, F
						1AS
	(b)					SEE. Y OF
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					70 80	
		OMAR PERNIA				STATE FLORID
		NEW Registered Office Address:	_		<del>-</del>	P
		1450 BRICKELL AVENUE #2960				
		MIAMI , FL	33131	1		
		, FL_		_		
the ag wa	e cha ent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liater authorized by an affirmative vote of the members of cless of organization of the local properties.	the reg bility c f the lir	giste com mit	ered office a npany, it is l ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		May 1/10 mg	CE	ES.	AR RODE	
In pr the to no	herei ovisi e obl mere tified	ure of a member or authorized representative of a member by accept the appointment as registered arent and agree on so fall statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to ac perform I for in ereby c	ct ii nar Ch	n this cana	Printed or typed name of signec vity. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Si	gnatu	re of Registered Agent				