## 111000069627

(Re	equestor's Name)					
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2016

QUINTON & PARETTI, P.A. KENNETH L PARETTI, ESQ. 1 SE 3RD AVE, STE. 1405 MIAMI, FL 33131

SUBJECT: SOUTH MIAMI AUTOMOTIVE REALTY, L.L.C.

Ref. Number: L11000069627

We have received your document for SOUTH MIAMI AUTOMOTIVE REALTY, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Letter Number: 716A00009182

Karen A Salv Regulatory Specialist II

## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	South Miami Automotive Realty, LLC				
SOBJI	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the following:			
Kenn	eth L. Paretti, Esquire				
<del></del>	Name of Person	<del></del>			
Quint	on & Paretti, P.A.				
	Firm/Company	<del></del>			
1 SE	3rd Avenue, Suite 1405				
	Address				
Miam	ii, Florida 33131				
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
kpare	etti@quintonparetti.com				
E	E-mail address: (to be used for future annual	ual report notification)			
For fur	ther information concerning this matter,	please call:			
Kenn	eth L. Paretti	at ()			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, 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			
INHS18	3 (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:	outh Miami A	lutomo	otive Rea	alty, LLC
2.	(a)	16501 S. Dixie Highway, Miami, F	L 33157	(1	16501	S. Dixie Highway, Miami, FL 33157
2.	(4)	Principal office address of limited liability (Note: MUST BE STREET ADDI	- •	- (·		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
<ol> <li>3.</li> <li>5.</li> </ol>	(a)	June 15, 2011  Date of filing/registration in Flo Kenneth L. Paretti, Esquire		4.	L110000	Document number
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  80 SW 8th Street, Suite 2150			2016 AUG 16 SECRETARIANS	
		Miami	. FL 3	33130		6 PH
,	, (ט	Kenneth L. Paretti, Esquire  Enter name of NEW Registered Agent and/or NEW Registered Office address:			S INI	
		NEW Registered Office Address:				
		1 SE 3rd Avenue, Suite 1405				_
		Miami	, FL, 3	33131		_
the age: was	char nt w /wei	nited liability company is not organized age or changes are made, the Florida streatill be identical. Or in the case of a Florida authorized by an affifmative vote of the cles of organization or the operating agree	et address of the da limited liab e members of	he regis vility co the lim	stered offic impany, it ited liabili	ty company or as otherwise provided in
			12.2	Jan	nes Rivch	
I he pro the to n	ereb visió oblig verel	are of a member or authorized representative of a many accept the appointment as registered as most of all statutes relative to the proper all actions of my position as registered agency deflect a change in the registered office in writing of this change.		e to act erform for in C reby co	in this cap ance of my Chapter 60 onfirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Sign	ature	of Registered Agent				