L110000090380

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
, , ,					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(540,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
(Document Number)					
(Bocament Namber)					
Outilization of Outilization					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600301469676

17 JUL 18 PM W 28

FILED

17 JUL 18 AM 9: 21

18 JUL 18 AM 9: 21

S. WARREN JUL 1 9 2017 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : AUTHORIZATION COST LIMIT ORDER DATE : July 18, 2017 ORDER TIME : 1:27 PM ORDER NO. : 730430-005 CUSTOMER NO: 4311639 CHANGE OF AGENT NAME: SUPREME AUTO BROKERS, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER:

COVER LETTER

.

TO:	Registration Section Division of Corporations					
SUBJE	Supreme Auto Brokers, LLC	Supreme Auto Brokers, LLC				
	Nam	Name of Limited Liability Company				
Dear Si	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the fol	lowing:			
	Name of Person					
	Firm/Company					
	Address					
	Address					
	City/State and Zip Code					
E	-mail address: (to be used for future annu	ual report notifica	tion)			
For fur	ther information concerning this matter,	please call:				
		at /	,			
	Name of Person	(it () Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O. 1	tration Section ion of Corporations Box 6327 hassee, 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.

I. N	ame of the limited liability company: Supreme Aut	O DIONEIS, LEC	,
2. (a)	12105 S.W. 129th Court	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Unit 103		Suite 2-379
	Miami, FL 33186		Miami, FL 33145
	08/05/2011	L1	11000090280
3.	Date of filing/registration in Florida	4.	Document number
5. (a	NRAI Services, Inc		
	Registered Agent and Registered Office shown on the records	of the Florida Dep	at, of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
			
	Plantation	F1. <u>33324</u>	FILED
(b)	Corporation Service Company		
()	Enter name of NEW Registered Agent and/or NEW Register	· · · · ·	
	1201 Hays Street		9: 21 LOND;
	NEW Registered Office Address:		
	Tallahassee	FL_32301	
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the member icles of organization or the overting agreement of the authorized agreement agreement of the authorized agreement a	of the registere liability composes of the limited he limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) Tiability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis he ob o mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi rely reflect a change in the registered office address.	rte performance ded för in Chai	v of my duties, and I am familiar with and accep- oter 605. F.S. Ov. if this document is being filed
notifie	d'in writing of this change.		

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

Asst. Vice President

INHS18 (2/14)

Corporation Service Company