LII 000136739

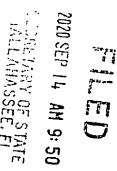
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



000352069520

09/14/20--01024--011 **25.00



COVER LETTER

	Registration Section Division of Corporations	S							
SUBJE	ct: <u>Platinum</u>	AUTO	Finance	of T	ampa	BAY, LLC			
	Name of Limited Liability Company								
Dear Sir	or Madam:								
The enc	losed Registered Agent/I	Registere	d Office Chang	ge and fe	e(s) are sub	omitted for filing.			
Please re	eturn all correspondence	concerni	ing this matter	to the fo	llowing:				
Michael	Kaplanis								
	Name o	f Person	· · · · · · · · · · · · · · · · · · ·		-				
Platinum	Auto Finance								
	Firm/Co	mpany			_				
25 N. Ma	ain Avenue								
	Addre	SS	-		-				
Clearwat	ter, FL 33765								
	City/State a	nd Zip C	ode		-				
m.kaplar	nis@platautofinance.com								
E-:	mail address: (to be used	for futu	re annual repor	t notifica	ation)				
For furth	ner information concerni	ng this n	natter, please ca	ıll:					
Michael	Kaplanis		72 at (7	4514248				
	Name of Person				Area Code	& Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314				Division of The Centre 2415 N. N	on Section of Corporations re of Tallahassee Monroe Street, Suite 810 ee, FL 32303			
	Enclosed is a check for	the follo	owing amount:	:					
	■ \$25 Filing Fee □ \$5.			□ \$55	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.

1. N	ame of the limited liability company: Platinum	Auti	finance of	Tampa Bay, LLC			
2. (a)	25 N. Main Avenue		(b) 25 N. Main Avenue				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	Clearwater, FL 33765		Clearwater, FL 33	3765			
	12/5/11	_	L1100	00136739			
3.	Date of filing/registration in Florida	4.	Docur	nent number			
5. (a)	Carrie Ferderigos						
()	Registered Agent and Registered Office shown on the records of t	he Florida I	Dept. of State;				
	25 N. Main Avenue						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		2			
				920 TA			
	Clcarwater	33765		SEP SEP			
	, 1 5						
(b)	Michael Kaplanis			AH T			
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:				
				الله الله الله الله الله الله الله الله			
	NEW Registered Office Address:		<u> </u>				
							
change agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the limited liability.	registered bility con f the limi limited lia	loffice and the b pany, it is hereb ed liability comp	ousiness office of the registered by confirmed that the change(s) pany or as otherwise provided in			
Signa	attire of a member or authorized representative of a member	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		d or typed name of signee			
provis the ob to mer notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change. Manda Agent The of Registered Agent The agent	pertorma	ice of my duties.	and I am familiar with and acce			