## L11000145640

(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:			
Spanial management			
DA Change			

Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

T. Burch OCT 1.6. 2012

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: PRIDE IMPORTS, LLC

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:

TARIQ MUGHAL

Name of Person

PRIDE IMPORTS, LLC

Firm/Company

924 E 124TH AVE, STE A

Address

TAMPA, FL 33612

City/State and Zip Code

PRIDEIMPORTS@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TARIQ MUGHAL

<sub>at (</sub>813

375-1500

Name of Person

Area Code & Daytime Telephone Numbe

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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: PRIDE IMPORTS,	rc	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	TAMPA, FL 33612	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
12-30-11	L11000145640	TALLAH
3. Date of filing/registration in Florida	4. Document number	ASSE ASSE
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	
Registered Agent:	UNIDOS MULTISERVICES, INC.	0RDA
Registered Office Address:	1502 W BUSCH BLVD, STE H-2 TAMPA, FL 33612	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	TARIQ MUGHAL  924 E 124TH AVE STE A	dress:
(MUSI BE FLORIDA STREET ADDRESS)	TAMPA	,FL_33612
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company  Signature of a member or authorized representative of a member  Printed or typed name of signee	e Florida street address of the entical. Or, in the case of a e(s) was/were authorized by wise provided in the article	ne registered office Florida limited
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capac proper and complete perfo position as registered ager merely reflect a change in t any has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.

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

Signature of Registered Agent