## L12000015626

(Red	questor's Name)			
(Add	ress)			
(Add	ress)			
,	,			
(C)+	JOhana Min JOHana	- 40		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
	2			
(Bus	siness Entity Nar	ne)		
(=		,		
· (Doc	cument Number)			
Certified Copies Certificates of Status				
Chariel Instructions to 5	Tiling Officers	,, <u>.</u>		
Special Instructions to F	-iling Officer:			

Office Use Only



000267545800

12/19/14--01010--009 \*\*25.00

RACH 12-30-14 De

## · COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: BISMOP CULTO CILCUSS 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:					
Coshaleen Riley B, Shop  Name of Person					
Bishap auto Glass LLC Firm/Company					
10238 Oasis Palm Drive Address					
Tampa, FL 33415 City/State and Zip Code					
Cybishop @ bishopaths a lass. Com E-mail address: (to be used for future armual report notification)					
For further information concerning this matter, please call:					
Catholeen Riley-Bishlep at (813) 999-4933  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  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 \$\square\$ \$55 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. Name	e of the limited liability company: BISAOP CL	uto Glass	LLC	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) <u>10238</u> Mailir	MOSIS POIM D ng address of limited liability cor one: MAY BE POST OFFICE B	npany:
~	Tampa, FL 33615	Tampa	+FL 33615	
<u>.</u>	Date of filing/registration in Florida	.**************************************	0015620	
5. (a) $\frac{1}{R\epsilon}$	LILLIFE COYPOYATION OGE Egistered Agent and Registered Office shown on the records of the	1dS Inc.; Florida Dept. of State:		
) R	3302 WINDING JOK COUNTERING PRINTER ALL MAINTEEN ALL MAIN	ODRESS)		
	Suite A	001.10		
(b) <u>{</u>	TOOMPO, FL_ ON HOLLEN Rilly BISHO Inter name of NEW Registered O	153415	<b>DEC 19</b>	4
<u> </u>	10238 Oasis Pam Drive EW Registered Office Address:			
-	Tanpa_, FL_	33615		
the chang agent will was/were	ited liability company is not organized under the laws to or changes are made, the Florida street address of the being an affirmative vote of the members of the organization or the operating agreement of the liable.	he registered office and bility company, it is he the limited liability co	d the business office of the reby confirmed that the cha ompany or as otherwise pro	registered ange(s)
I hereby provision the obligation merely notified in	e of a plember or authorized representative of a member accept the appointment as registered agent and agrees of all statutes relative to the proper and complete pations of my position as registered agent as provided reflect a change in the registered office address, I he new this change.	e to act in this canaciti	nted or typed hame of signee y. I further agree to compl es, and I am familiar with a S. Or, if this document is l limited liability company h	ly with the and accept being filed aas been