L12000032038

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/Glate/Zip/Pflofie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Combee Auto W Name of Limited	or Id UC d Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Amir Abudaif Name of Person	- 	
Combee Auto World LLC Firm/Company	<u>-</u>	
6530 E. Colonias Drine		
Orlando H. 32807 City/State and Zip Code		
Callimny AGMail, Com E-mail address: (to be used for future annual report notification)	ion)	
For further information concerning this matter, please call:		
Ani Abudaif at (407) 273 - 7070 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tananassee, Tiorida 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

tiability company submits the following statement in orde agent, or both, in the State of Florida.	
1. Name of the limited liability company:	u dup World UC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	00 lando 4. 32807
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
March 6. 2012 3. Date of filing/registration in Florida	<u>L12000032038</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on Registered Agent: Registered Office Address: 260 Organza Chuluota, Fl. 32807	Amis Abudait
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
<u>NEW</u> Registered Agent:	Unir abudaif
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	16530 E. Colonal Drine Orlando FL 32807
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or
Signature of Registered Agent	