

U2000057077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

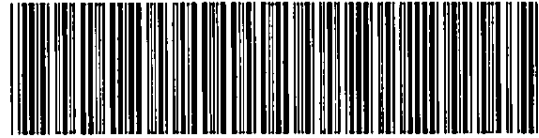
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2018

JEREMY LUTHER SARTAIN
8201 KAUSE ROAD
PENSACOLA, FL 32506

SUBJECT: THE AUTOSPA LLC
Ref. Number: L12000057077

We have received your document for THE AUTOSPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill the form our completely. See the printout with the information that must go on the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 318A00017676

2018 OCT 22 PM 9:04
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE AUTOSPA, INC.
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:

JEREMY LUTHER SARTAIN
Name of Person

Firm/Company

8201 KAUSE ROAD
Address

PENSACOLA, FL 32506
City/State and Zip Code

* elkanah@pensacolaautospa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elkanah Ringen at (850) 982-6644
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

\$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 of the limited liability company: THE AUTO SPA LLL

2. (a) 3287 IDELWOOD DR (b) 3287 IDELWOOD DR
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

PENSACOLA, FL 32505 PENSACOLA, FL 32505

3. 04/26/2012 4. L12000057077
 Date of filing/registration in Florida Document number

5. (a) RINGER, ELKANAH, Sr.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3287 IDELWOOD DR
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PENSACOLA, FL 32505

(b) JEREMY LUTHER SARTAIN
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

8201
8401D KIRSE ROAD
NEW Registered Office Address:

PENSACOLA, FL 32506

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
 Signature of a member or authorized representative of a member

Elkanah Ringer
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
 Signature of Registered Agent