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(Re	equestor's Name)	·		
· (Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

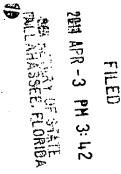
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COVER LETTER

TQ: Registration Section Division of Corporations						
SUBJECT: D & B Cars, LLC						
Name of Lir	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:						
Robert G. Koffman						
Name of Person						
D & B Cars, LLC						
Firm/Company						
3991 Gulfshore Blvd N #1101						
Address						
Naples, FL 34103						
City/State and Zip Code						
uproperties1@gmail.com						
E-mail address: (to be used for future annual report	rt notification)					
For further information concerning this matter, please c	all:					
Robert G. Koffman 98	385-9024					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee. Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	□ \$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.

I. N	ame of the limited liability company: D & B Cars, I	LLC		
2. (a)	3991 Gulfshore Blvd N #1101		_{b)} 3991 Gu	Ifshore Blvd N #1101
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(/	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Naples FL, 34103	_	Naples, I	FL 34103
	05/01/2012	- <u>-</u>	L1200005	
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State:	-
	5150 Tamiami Trail N			三 三 三
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRES.</u>	<u>S)</u>	The second second
	Suite 603			· 一
	Naples	34103	}	R-3 P
(b)	Mr. Robert Koffman			FILED PR -3 PH 3: 42 PR APR -3 PH 3: 42
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	<u>ldress</u> :	18 2
	3991 Gulfshore Blvd N			
	NEW Registered Office Address:			
	Naples , FL	34103		•
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi ibility co f the lin	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
R	MORESTA	Ro	bert G. Kof	fman
Signal	ture of a member or authorized representative of a member		-	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 of Registered Agent