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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY OF STATE 1023 SEP | 8 PM 4: 25

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	Motorcars Management, LLC		
Name of Limited Liability Company			
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered (Office Change an	d fee(s) are submitted for filing.
Please retu	rn all correspondence concerning	this matter to th	e following:
Erik Day			
	Name of Person	·	
Motorcars N	Management, LLC		
	Firm/Company		
2300 NE 15	51st ST		
	Address		
North Mian	ni, FL 3311		
	City/State and Zip Cod	e	
eday@warr	enhenryauto.com/jigonzalez@warr	enhenryauto.com	
E-ma	il address: (to be used for future	annual report not	ification)
For further	information concerning this mat	ter, please call:	
Erik Day		305 at (690-6073
	Name of Person		Area Code & Daytime Telephone Number
Re Di P.0	egistration Section registration of Corporations O. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the follow	ing 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.

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comply with the with and accept ent is being filed cany has been
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