## L120000733329

(Requestor's Name)						
(Address)						
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PICK-UP	☐ WAIT	MAIL				
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2023 SEP 18 PH 4: 31 SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	Motorcars Leasing, LLC		
		Name of Limited I	Liability Company
Dear Si	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the	e following:
Erik Da	ay		
	Name of Person		_ <del>_</del>
Motore	ars Leasing, LLC		
	Firm/Company		<del></del>
2300 N	E 151st ST		
	Address		
North N	Miami, FL 3311		
	City/State and Zip Coo	ie	
eday@	warrenhenryauto.com/jigonzalez@war	renhenryauto.com	
E	-mail address: (to be used for future	annual report noti	fication)
For fur	ther information concerning this ma	tter, please call;	
Erik Da	ру	305 at (	690-6073
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ing amount:	
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18	3 (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. Na	ame of the limited liability company:  Motorcars Leasing	g, LLC				
2. (a)	2300 NE 151st ST		(b) 2300 NE 151st ST			
(.,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	\-/ <u>-</u>	М	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	North Miami, FL 33181		_	North Mian	mi, FL 33181	
	06/01/2012	<del></del>	LI	200007332	24	
3.	Date of filing/registration in Florida	4.		1	Document number	
5. (a)	Fodiman, Todd A, ESQ.					
	Registered Agent and Registered Office shown on the records of a 3225 Aviation Ave  Registered Office Address (MUST BE FLORIDA STREET A			ept. of State:	- ::	
	Suite 301			<del></del> -		
	Miami , FL	33133				
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u>:ss</u> :	FILED 2023 SEP 18 PM SECRETARY OF S	
	NEW Registered Office Address:				PH 4:	
	121 Alhambra Plaza, Suite 1505	Alhambra Plaza, Suite 1505			्रिकेट <b>रा</b> जिल्लाम्बर् <b>छ</b>	
	Coral Gables, FL	33134				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe bility of the li	ered comp imite	office and pany, it is d liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
		E	rik D	<u> </u>	200000000000000000000000000000000000000	
Signa	ture of a member or authorized representative of a member				Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position at registered agent as provided ely reflect afchange in the registered office address. I have a light of this change of the change.	ee to a perfori l for in ereby	ict in mand i Cho conf	this capa se of my di ipter 605, irm that th	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been	
Signatu	re of Registered Agent					