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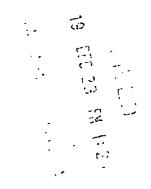
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JAN 2 5 2020 S, YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: South FLORIDA CAR SEWICE, LLC 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:
SEAN HICKEY  Name of Person  SOUTH FLOUDA CAR SERVICE, LLC  Firm/Company
9491 EVERGREEN PLACE #307 Address
DAVIE FL 33441  City/State and Zip Code
SEAN HICKEY EMAIL & GMAL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SEAN HICKEY at (954) 815-0173  Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:
\$25 Filing Fee \$\square\$ \$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 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. Nai	me of the limited liability company:	SOUTH	FLORIT	SA CAR	SERVIC	E. LLC
2. (a)	309 Sê 8th Ave.		(b)	309	SE 8H	
(/ -	Principal office address of limited liability of (Note: MUST BE STREET ADDRE		,	•	ddress of limited MAY BE POST	liability company: OFFICE BOX)
	DEERFIELD BEACH.			DEERFIE	ELD BEA	:+
	FL. 33441			FL.	33441	
	07/31/2012		L	_ 12000	×09828	L
3.	Date of filing/registration in Flori		4.		ent number	
5. (a)	UNITED STATES CO				K,	
	Registered Agent and Registered Office shown on	the records of the	Florida Dept	, of State:	<u>.</u> -	10
	Registered Office Address (MUST BE FLORID	DA STREET AD	DPFCC)		; *	
	13302 WINDING			4		FIL E1
					;	רון בני
	TAMPA	, FL	3361		,	. 29 0
4.5	SEAN HICKEY				• •	1: 20
(b) .	Enter name of NEW Registered Agent and/or NE	W Registered Of	ffice address	<del></del>		. 0
	9491 EVERGREEN	PLACE	#30	1		
	NEW Registered Office Address:  9491 EVELGILLEN		_	7		
	(11)			<del></del>		
	DAVIE	, FL	33	324		
change agent w was/we the artic	mited liability company is not organized upor changes are made, the Florida street adrill be identical. Or, in the case of a Florid reauthorized by an affirmative vote of the cles of organization or the operating agrees	dress of the re a limited liabi members of t ment of the lin	gistered of lity compai he limited	fice and the bu ny, it is hereby liability compa ity company.	siness office of confirmed the	of the registered at the change(s) wise provided in
Signati	ure of a member or authorized representative of a m	ember		Printed	or typed name of	signee
provision the oblimate to mere	y accept the appointment as registered ag ons of all statutes relative to the proper an gations of my position as registered agent ly reflect a change in the registered office in writing of this change.	ent and agree d complete pe as provided fo address, I her	to act in th rformance or in Chapt eby confire	is capacity. I for of my duties, a ser 605, F.S. Con that the limit	further agree ind I am famil Dr, if this docu ted liability co	to comply with the iar with and accept ment is being filed mpany has been
Signatur	of Registered Agent	· · · · · ·				