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COVER LETTER

	COVERLETTER
TO: Registration Section Division of Corporations	
SUBJECT: PERFOR MAMCE	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 i	matter to the following:
LUIS M TAPIA Name of Person	
PERFORM ANCE AT	ito group lec
1798 W. Hillsborough	- Ove
TAM DA - FL - 33663 City/State and Zip Code	
ARE COM SOLAR O 9 MAIL. C E-mail address: (to be used for future annua	6 M l report notification)
For further information concerning this matter, pl	ease call:
LUIS AT TAPIA Name of Person	at (813) 270-1567 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 an	mount:
S25 Filing Fee	☐ \$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. Na	ime of the limited liability company: PERFORMANCE AUTO GAGUP LLC
2. (a)	Principal office address of limited Hability company: (Note: MUST BE STREET ADDRESS) Principal office address of limited Hability company: (Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX) Pt. 33603
	-03/10/2012 L12000115299
3.	Date of filing/registration in Florida 4. Document number
5. (a)	LUIS M TARIA
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST RE FLORIDA STREET ADDRESS)
	2424 3 Donali Ct
	LUTZ .FL 33559
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address: 1798 W Hills ballough and NEW Registered Office Address:
	TAMPA .FL 33603
the cha agent was/w	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
	Luis In Tagia Printed or typed name of signer
	all get a member of authorized representative of a member
provis the ob- to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.
2	of Registered Agent
Signati	
//	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00