L12000144615

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer: \$25 00 LI2 DOO 144615							
J DENIKIS							
SEP 2 0 2023							

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COVER LETTER

Division of Corporations			
Motorcars Holdings, LLC SUBJECT:			
	ted Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to	o the following:		
Erik Day			
Name of Person			
Motorcars Holdings, LLC			
Firm/Company			
2300 NE 151st ST			
Address			
North Miami, FL 3311			
City/State and Zip Code			
eday@warrenhenryauto.com/jigonzalez@warrenhenryauto.co	om		
E-mail address: (to be used for future annual report	notification)		
For further information concerning this matter, please cal	II:		
Erik Day 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 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.

1.	Na	me of the limited liability company:	gs, LLC	:			
2. ((a)	2300 NE 151st ST	((b) 2300 NE 151st ST			
\	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		North Miami, FL 33181	_		North Miami, FL 33181		
		11/15/2012	_	I	_1200014461	15	
3. 5. (a)	(a)	Date of filing/registration in Florida Fodiman, Todd A. ESQ.	4.]	Document number	
	(11)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 3225 Aviation Ave			- Hand Hand Hand Hand Hand Hand Hand Hand		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>SS)</u>		1 8 E	
		Miami , FL	33133			MIII:2	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ıdd	ress:		
		NEW Registered Office Address:					
		121 Alhambra Plaza, Suite 1505	. ,				
		Coral Gables . FL	33134				
cha age was	nge nt v s/we	mited 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 liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liable.	register bility c f the lir imited	rec on mi lia	d office and npany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
S	ignat	ure of a member or authorized representative of a member				Printed or typed name of signee	
pro the to n	visi obl nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	e to ac perforn for in ereby c	et i nai Ci cor	n this capac nce of my di napter 605, nfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed we limited liability company has been	
Sig	natu	re of Registered Agent					