orida Department of State

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To:			۲.
	Division of Corporations		·
	Fax Number : (850)617-6383		7
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From:			
	Account Name : REGISTERED AGENTS	S INC.	:-
	Account Number : I20090000081		٤,
	Phone : (307)200-2803		•
	Fax Number : (855)330-1010		· -

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address							_
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LLC REGISTERED AGENT CHANGE MIRA MOTORS LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25,00

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Jan 2-6 7015

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: MIRA MC	TORS LLC	
2. (a)	7821 CLARK MOODY BVLD	_(b) 7821 С	LARK MOODY BVLD
~. (u)	Principal office address of limited hability company. (Note: MUST BE STREET ADDRESS)		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PORT RICHEY, FL 34668	PORT	RICHEY, FL 34668
	01/24/2013	L130000	and the second s
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENT		20
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State	· 1 원
	13302 WINDING OAKS COURT		• • • • • • • • • • • • • • • • • • • •
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	Ĉ ,
	SUITE A		
	TAMPA	33612	,
	_		c.3
(b)	Registered Agents Inc.		_
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	3030 N. Rocky Point Dr.		
	NEW Registered Office Address:		
	STE 150A		
		,	
	Tampa F	33607	
the ch agent was/w the art	limited liability company is not organized under the large or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the State of Flo f the registered office inhility company, it is of the limited liabilit	s hereby confirmed that the change(s) y company or as otherwise provided in apany.
	ature of a member or authorized representative of a member	•	Printed or typed name of signee
provis the ob- to mei no <u>tit</u> ic	thy accept the appointment as registered agent and ay ions of all statutes relative to the proper and complete digations of my position as registered agent as providely reflect a change in the registered office address, is dim writing of this change. Bill Havre - Assista	ree to act in this cap e performance of my ed for in Chapter 60: hereby confirm that nt Secretary	aciw. I further agree to comply with the duties, and I am familiar with and acceps F.F.S. Or, if this document is being filed the limited liability company has been
	ure of Registered Agent		