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(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Raam Truck Repo	air & Pats LLC d 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:
Patrick Harrack Name of Person	······································
Raam Truck Repair of Firm/Company	Parts LLC
367 Williams Point	Blvd
Cocoa, Florida, 32926 City/State and Zip Code	
harrack 1500 C bellsout E-mail address: (to be used for future annual report r	Linet notification)
For further information concerning this matter, please call	:
Juliet Warrack at (3)	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 amount:	

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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. Nar	ime of the limited liability company: Raam	Truck	Kepair	& Parts	LLC
2. (a) _		_ (b)	,		
_, (,,, _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	limited liability com	
	367 Williams Point B	trd	367 WU	liams P	bint Bl
	cocoa, Florida 3292	6	Cocoa,	Plorida,	3292
	5/4/14 Date of filing/registration in Florida		130000	3250b	
3.	Date of filing/registration in Florida	4.	Document nur	nber	
5. (a)	Faro & Gowder, PA				
	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of S	State:		_
				•	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		T.	
	503 N. Orlando Ave	Sinte 2	-01	500	
	Cocoa Beach FL			Ĩ	
		3243	1_	. 4	3
/1 \	Patrick Harrack Rac Enter name of NEW Registered Agent and/or NEW Registered C	ana Tru	1 Repa	is & Part	SHLC
(b) _	Enter name of NEW Registered Agent and/or NEW Registered (Office address:		,	
		onite address.			
	367 Williams Poin	of Blu	d		
	NEW Registered Office Address:	<u> </u>			
			<u> </u>		
	Co coa .fl	32926	,		
		30 12	 -		
If the lir	imited liability company is not organized under the law	s of the State of	Florida, it is herel	by confirmed that	t after
agent wi	nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial	bility company, i	it is hereby confiri	med that the char	nge(s)
was/wer	ere authorized by an affirmative vote of the members of cless of granization or the operating agreement of the 1	the limited liabi	ility company or a	s otherwise provi	ided in
	\	•		0 0 - 4	
Signatu	ure of a member or authorized representative of a member	<u> </u>	liet Ma	pame of signer	 · · · · · · · · · · · · · · · ·
	by accept the appointment as registered agent and agre			_	with the
provisio	ons of all statutes relative to the proper and complete p	performance of n	ny duties, and I an	i familiar with ar	nd accept
to merel	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 the complete as provided the complete and the complete as the complete and the complete as the c	jor in Chapter t ereby confirm th	at the limited liab	is aocument is be ility company ha	ung juea s been
noujted	In writing of this change.				
Signature	re of Registered Agent				