## L1300060309

(Re	questor's Name)		
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<del></del>			
(Cit	ty/State/Zip/Phone	: <b>#</b> )	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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Special Instructions to Filing Officer:			

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JUL 0 3 2014 C. CARROTHERS



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2014

ARTHUR BANKS ABANKS AUTOMOTIVE TRAINING AND RECRUIT 4206 TEE RD SARASOTA, FL 34285

SUBJECT: ABANKS AUTOMOTIVE TRAINING AND RECRUITING, LLC

Ref. Number: L13000060309

We have received your document for ABANKS AUTOMOTIVE TRAINING AND RECRUITING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 214A00013442

Cathy A Carrothers Regulatory Specialist

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Abanks Automotive Training and Recruiting, HC 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:
Arthur Banks Name of Person
Abanks Automotive Firm/Company
Firm/Company
4206 Terkd Address
Address
Sanson FL 34235 City/State and Zip Code
arthurbanks 13 @ aol. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Arthur Banks at (813) 390-4996
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building P.O. Box 6327 Callahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations 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.

l. Na	ume of the limited liability company: Abanks	Auton	notive Training and
2. (a)		(b)	Recknoting/LL
(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  H204 Ter Rd		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  O C K
	Sansota, EL 34235	52	1 1235 FL 34235
,	4/24/13		R2EQ45
3.	Date of filing/registration in Florida	٠ أ	Document number 1/3 000 0 603
5. (a)	Corporation Service Co	ompany	
	Registered Agent and Registered Office shown on the records of the	Florida Dept. of State:	
	1201 Hars St		
	Registered Office Address	DRESS)	·
	Fallahassey FL		
	Tallahassee .FL	32301	F
			, i & i
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>		
	Enter name of NEW Registered Agent and/or NEW Registered Of	fice address:	t early
	Arthur Banks		
	NEW Registered Office Address:  H2-06 Tec Rd		
	Savasota ,FL	34235	-
f the li	mited liability company is not organized under the laws	of the State of Flo	rida it is hereby confirmed that after
he chai	nge or changes are made, the Florida street address of the	e registered office.	and the business office of the registered
gent w	vill be identical. Or, in the case of a Florida limited liabil are authorized by an affirmative vote of the members of the	lity company, it is	hereby confirmed that the change(s)
he artic	cles of organization or the operating agreement of the lin	nited liability comp	pany.
	July Ban	Arth	
Signati	ure of a member or authorized representative of a member		Printed or typed name of signee
l hereb	by accept the appointment as registered agent and agree	to act in this capa	city. I further agree to comply with the
provisio he obli o mere	ons of all statutes relative to the proper and complete per ignious of my position as registered agent as provided fo the relation of the registered agent as provided for the relation of their charge in the registered office address, I her	rformance of my di or in Chapter 605, eby confirm that th	uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

Signature of Registered Agent