6/12/2017

Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## LLC REGISTERED AGENT CHANGE KAR MIAMI MRP, LLC

Certificate of Status	0
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S. WARREN JUN 1 3 2017

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## 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.

-, (-,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	92 SW 3rd St., CU#6	92 S	W 3rd St., CU#6
	Miami, FL 33130		ni, FL 33130
	9/20/2013		0133472
١.	Date of filing/registration in Florida	4.	Document number
i, (a)			,
	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	f State:
	Universal Registered Agents, Inc.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	7.
	3458 Lakeshore Drive		
	Tallahassee , FI		
	) 1 h	<del>-</del>	12 AM II: 51 ARY OF STATE ASSEE, FLORIDA
(b)	Enter name of NEW Registered Agent and/or NEW Registered		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	97
	C T Corporation System		9 F -
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation , FL	33324	
			•
ne chai gent w as/we	mited liability company is not organized under the lavinge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of the organization or the operating agreement of the	the registered of ability company, of the limited lia	ffice and the business office of the register, it is hereby confirmed that the change(s) bility company or as otherwise provided in
	ire of g member or authorized representative of a member	Tammy Toft	
•			Printed or typed name of signee
rovisid ne oblij onere otified	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a whange in the registered office address, I t in yriting of this change	ee to act in this performance of a for in Chapter hereby confirm t	capacity. I further agree to comply with th my duties, and I am familiar with and acce 605, F.S. Or, if this document is being file hat the limited liability company has been
' T C \(\alpha\)	rporation System	Sagratary	
	Ternell Kearney Asst. S	ocia etat v	