9/7/2017

Division of Corporations Filing Cover Sheet

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Division	of Corporations r : (850)617–6383		l B	
From: Account N	ame : REGISTERED AGENTS INC.	- · · 	Æ	* • • •
Account N Phone	umber : 120090000081 : (307)200-2803	A BING	ې و و	
Fax Numbe	r : (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

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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.

I. Na	me of the limited liability company:	PERFORMANCE		MOTIVE AN	ID FLEET MAINTEN	IANCE, LLC	<u></u>	
2. (a)	16100 US HWY. 301 NOF	ſ	(b) 16100 US HWY. 301 NORTH					
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BON)					
	DADE CITY, FL 33523			DADE	CITY, FL 3352	3		
	10/15/2013		-	L130001	45001			
3.	Date of filing/registration ir	n Florida	-1	. <u> </u>	Document number			
5. (a)	UNITED STATES CORPORA	TION AGENTS	, INC					
	Registered Agent and Registered Office shown on the records of the Florida Dept, of State							
	13302 WINDING OAK CO	DURT						
	Registered Office Address (MUST BE F	LORIDA STREET A	DDRES	<u>21</u>				
	Α					به ب		
	ТАМРА		3361	2		7 OCT	-1-1	
(b)	Registered Agents I					17 OCT -9 At	<u> </u>	
	Enter name of <u>NEW Registered Agent</u> and	for NEW Registered	()ffice a	tdress:	-	- AM	m	
	3030 N. Rocky Poin	it Dr.	**			း တံ	\Box	
	NEW Registered Office Address:					יזאגי 6 6		
	STE 150A							
	Tampa	FL.	3360	7	-			
the cha agent v was/we	imited liability company is not organ inge or changes are made, the Florida vill be identical. Or, in the case of a cre authorized by an affirmative vote icles of organization or the operating	i street address of Florida limited lia of the members o	the reg bility of the lin limited	istered office company, it is nited liabilit	e and the business of s hereby confirmed t y company or as oth	flice of the regis	stered s)	

Signature of a member or authorized representative of a member

Riley Park

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Have Bill Havre - Assistant Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tailahassee, FL 32314 **FILING FEE: \$25.00**