

**L13000122710**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

\*\*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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2020 APR 29 PM 1:43

**LLC REGISTERED AGENT CHANGE  
AUTOAGENT DATA SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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**Y. SULKER**  
Help  
APR 30 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AUTOAGENT DATA SOLUTIONS, LLC  
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:

Yanni Valsamas

Name of Person

AUTOAGENT DATA SOLUTIONS, LLC

Firm/Company

3497 Pine Haven Circle

Address

Boca Raton, FL 33431

City/State and Zip Code

yanni@autoagent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yanni Valsamas	at (	773	) 784-0709 ext. 207
			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:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

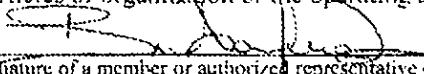
H200001254823

**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. Name of the limited liability company: <u>AUTOAGENT DATA SOLUTIONS, LLC</u>	
2. (a) <u>3497 PINE HAVEN CIRCLE</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	(b) <u>3497 PINE HAVEN CIRCLE</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
<hr/>	
<u>BOCA RATON, FL 33431</u>	<u>BOCA RATON, FL 33431</u>
<hr/>	
3. <u>12/16/2013</u>	4. <u>L13000172710</u>
5. (a) <u>NIKOLAOS SPYRIDONOS</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  <u>3497 PINE HAVEN CIRCLE</u> Registered Office Address: <i>(MUST BE FLORIDA STREET ADDRESS)</i>	
<hr/>	
<u>BOCA RATON</u> , FL <u>33431</u>	<i>SEARCHED</i>
<hr/>	
(b) <u>Corporation Service Company</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	<i>INDEXED</i>
<hr/>	
<u>1201 Hays Street</u>	<i>SEARCHED</i>
<hr/>	
<u>Tallahassee</u> , FL <u>32301</u>	<i>FILED</i>
<hr/>	

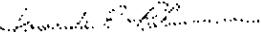
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Yanni Valsamas

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.*



Signature of Registered Agent Corporation Service Company BY: Amanda Robinson, Asst. Vice President

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