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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Leonor Auto Sale 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:

Bienvenido Leonor

Name of Person

Leonor Auto Sale LLC

Firm/Company

5151 South Orange Blossom Unit 7

Address

Orlando, Florida 32839

City/State and Zip Code

leonorautosale@gmail.com

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

For further information concerning this matter, please call:

Alida Leonor

_{at} (386

8472130

Name of Person

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Na	me of the limited liability company: Leonor Auto Sale LLC	
2. (a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	5151 South Orange Blossom Unit 7 Orlando, Florida 32839
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as above
12/18/2	· · · · ·	L13000174623
3. Da	te of filing/registration in Florida	4. Document number
5. (a)) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
	Registered Agent:	Bienvenido Leonor
	Registered Office Address:	5151 South Orange Blossom Unit A Orlando, Florida 32824
(6)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> NEW Registered Agent:	N Registered Office address:
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2190 Brandywine Falls Way
If the	limited liability company is not organized under the I	orlando ,FI-32824 32934 aws of the State of Florida, it is hereby
confir and th liabili the m	med that after the change or changes are made, the Flace business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise.	orida street address of the registered office ical. Or, in the case of a Florida limited
	perating agreement of the limited liability company. MGR re of a member	
	nido Leonor	
Printed	or typed name of signee	
comp. and I	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po ter 605, F.S Or, if this document is being filed to me ass, I hereby confirm that the limited liability company	gree to act in this capacity: I further agree to oper and complete performance of my duties, sition as registered agent as provided for in
Signar	re of Registered Agent	

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