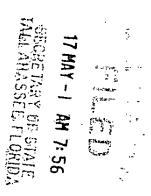
## L13000171866

(Requestor's Name)				
(Address)				
(Address)				
(City	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Du:	Siless Elitiy Nai	nie)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to I	Filing Officer:			
WI HAY - I AH ID: BE				
2. 2. 1. 1. 1.	Office Use On	nly		



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MAY 0 , 2025 J SHIVERS

## **COVER LETTER**

TO: Registration Section Division of Corporation	ns .				
SUBJECT: Automods, LLC					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent	/Registered Office Change	e and fee(s) are submitted for filing.			
Please return all correspondence	e concerning this matter to	the following:			
Rebecca Pasquini					
Name	of Person	<del></del>			
Automods					
Firm/C	Company				
5624 Lawton Dr.					
Addı	ess				
Sarasota, FL 34233					
City/State	and Zip Code				
AutomodsFL@gmail.com					
E-mail address: (to be use	ed for future annual report	notification)			
For further information concern	ning this matter, please cal	1:			
Rebecca Pasquini	941 at (	345-5990			
Name of Perso	n	Area Code & Daytime Telephone Number			
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
<b>■</b> \$25 Filing Fee	(	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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. 1	Name of the limited liability company: Automods, LL	-C	
2. (a		(b)	
`	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	5624 Lawton Dr.	20	057 Misty Sunrise Trail
	Sarasota, FL 34233	Sa	arasota, FL 34240
	12/30/13	L13	3000177866
3.	Date of filing/registration in Florida	4.	Document number
5. (a	.)		
J. (c	Registered Agent and Registered Office shown on the records of Antonio A Pasquini	the Florida Dep	ot, of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	1747 Northgate Blvd		Ž.
	Sarasota , FL	34234	
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Rebecca N Pasquini	SSECTION 1.56	
	NEW Registered Office Address:		<b>5</b>
	5624 Lawton Dr.	<u></u>	
	Sarasota, FL	34233	
the cl agent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registere ability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	mon		Printed or typed name of signee
I her provi the ol to me notifi	nature of a member or authorized representative of a member  eby accept the appointment as registered agent and agrassions of all statutes relative to the proper and complete obligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a change of this change.  The provided registered Agent	ree to act in t performance d for in Chap hereby confin	· · · -