## 114000059840

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(Address)						
(Ad	dress)					
(Cit	ty/State/Zip/Phone	e #)				
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(Document Number)						
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SELVE TARKY OF STATE
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J. BRUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Junk CArs 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:
Sarit Sabag  Name of Person  Junk CArs LUC.  Firm/Company
53 N.W. 108 WAT Address
Plantation FL. 33324  City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Sant Sabas at (954) 593-0818 F  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cformula 32301  Enclosed is a check for the following amount:  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

## 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:	CArs	UC			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b)_	Ma	iling address	108 w s of limited liabili	ity company:
	PlanAation FC 33324	- 7 	plant	afion,	Fz. 3	3324
	04-11-2014		L140	0000	50841	9
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida	4.		Oocument i		
, ,	Registered Agent and Registered Office shown on the records of the	he Florida D	ept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET A  53 N.W. 10 8 WA-7					
4	53 N.W. 108 WAT Platation FL ,FL Sarit Sabag	33	324		2016 M	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		ess:		APR 25 F	
	6511 Nova Dr. Skite 2 NEW Registered Office Address:	32			P 2: 46	
	Davie .FL	3331	17			
the cha agent v was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registe bility com f the limite	ered office a apany, it is ed liability bility comp	and the bu hereby cor company o pany.	siness office o afirmed that th	of the registered the change(s) the provided in
_	ure of a member or authorized representative of a member			`		
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a chappe in the registered office address. I h I in writing of this change.	ee to act ii performan I for in Ch iereby con	n this capac ace of my d apter 605, afirm that th	city. I furt uties, and i F.S. Or, i ne limited i	ner agree to c I am familiar v f this documen liability compo	omply with the with and accept it is being filed any has been

Signature of Registered Agent