L14000064038

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| • | | | | | | |
| | | | | | | |

Office Use Only



000283918780

04/01/16--01010--026 **25.00

Company of the property of the

APR 0 6 2016 Y SULKER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|--|--|---|--|--|--|--|--|
| SUBJI | CT: AGUADILLA ADVANCED AUTO SALES AND SERVICE LLC Name of Limited Liability Company | | | | | | |
| SCD31 | | | | | | | |
| Dear S | ir or Madam: | | | | | | |
| The en | closed Registered Agent/Registered Off | ice Change and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | | |
| SHAN | NTE COLON | | | | | | |
| | Name of Person | | | | | | |
| | Firm/Company | | | | | | |
| 7522 | AUTUMN PINES DR | | | | | | |
| • | Address | | | | | | |
| ORLA | ANDO, FL 32822 | | | | | | |
| | City/State and Zip Code | | | | | | |
| 03 | mail address: (to be used for future and | ual report notification) | | | | | |
| For fur | ther information concerning this matter, | please call: | | | | | |
| SHAN | ITE COLON | 321 948-3946 | | | | | |
| | Name of Person | Area Code & Daytime Telephone Number | | | | | |
| Registration SectionRegistrationDivision of CorporationsDivision ofClifton BuildingP.O. Box 63 | | 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 | | | | | |
| INHS18 | 8 (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.

| rioria | | | | | |
|--|---|--|---|--|--|
| 1. N | ame of the limited liability company: AGUADILLA | ADVAN | CED AUTO | SALES AND SERVICE LLC | |
| 2. (a) | | (b |) | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | ling address of limited liability company: Note: MAY BE POST OFFICE BOX) | |
| | 2205 FORSYTH RD UNIT N | | 2205 FOR | SYTH RD UNIT N | |
| | ORLANDO, FL 32807 | | ORLANDO |), FL 32807 | |
| | 04/18/2014 | | L140000640 |)38 | |
| 3. | Date of filing/registration in Florida | 4. | Do | ocument number | |
| 5. (a) | BRENDA ALDAHONDO | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of State: | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | 16 | |
| | 2205 FORSYTH RD UNIT N | | | | |
| | ORLANDO, FL | 32807 | | APR-1 | |
| (b) | SHANTE COLON | | | R-1 PM 1:56 | |
| , | Enter name of NEW Registered Agent and/or NEW Registered | Office add | <u>lress</u> : | 5 | |
| | SHANTE COLON | | | | |
| | NEW Registered Office Address: | | | | |
| | . 2205. FORSTYTH RIS UNIT N | | | | |
| | ORLANDO, FL | 3280 | <u>M</u> | | |
| the cha agent v was/w the art | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ALL CULV | f the regis ability co of the limi limited li | tered office an mpany, it is he ited liability co | nd the business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in ny. | |
| Signa | nture of a member or authorized representative of a member | | Printed or typed name of signee | | |
| provisi the obi to mer | by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is din writing of this change. | ee to act performa d for in C hereby co | in this capacit ince of my dut. hapter 605, F. infirm that the | y. I further agree to comply with the ies, and I am familiar with and accept .S. Or, if this document is being filed limited liability company has been | |

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

Signature of Registered Agent