140CCCC803C5

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Littly Name)						
- (5						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



300301110483

2011 JUL 10 PK 1:57

K SALY
JUL [2 2017

COVER LETTER

	Registration Section Division of Corporations		
_	Rides For Wheels LLC		
SUBJF		ne of Limited l	Liability Company
Dear Si	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to th	e following:
Jon K	ruger		
	Name of Person		
Rides	For Wheels LLC		
-	Firm/Company		
52 W	hite Feather Lane		
	Address	··	
Flagle	er Beach, FL 32136		
	City/State and Zip Code		
Jon@	Rides4Wheels.com		
E	-mail address: (to be used for future ann	ual report not	ification)
For fur	ther information concerning this matter,	please call:	
Jon K	ruger	863	229-9220
	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	R C P	AAILING ADDRESS: degistration Section Division of Corporations O. Box 6327 fallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

☑ \$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.

1. N	fame of the limited liability company: Aldes For Whe			
2. (a)	52 White Feather Lane	(t	Same	
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	Flagler Beach, FL. 32136	_		
		_		
	05/19/2014		L14000	080305
3.	Date of filing/registration in Florida	4.		Document number
5. (a	, Pflug, Nona W			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			tate:
	6 Princess Jeanette Place			200 [8]
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			ZOIT JUL 10 PK 1:58 PALLAHASSEE FLORID
	Palm Coast, FL	32164		o PR
(b)	Jon Kruger			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	52 White Feather Lane			
	NEW Registered Office Address:			
	Flagler Beach	32136		
the ch agent was/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	es of the the regi bility co f the lin limited	State of stered off ompany, inited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Sign	ature of a member of authorized representative of a member			Printed or typed name of signee
I her provi, the ol to me notifi	eby accept the uppointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a charge in the registered office address. I head in writing of full change.	ee to ac perform I for in (ereby c	t in this cau ance of n Chapter 6 confirm the	apacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signat	ure of Registered/Agent			