6/12/2017

Division of Corporations



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(((H17000157015 3)))



Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949 Phone Fax Number : (954)208-0845

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## LLC REGISTERED AGENT CHANGE KAR FLORIDA, LLC

Certificate of Status	0
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## 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.

(a)		(b) <sup>/4</sup>				
- (-)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	92 SW 3rd St., CU#6		92 SW 3rd St., CU#6			
	Mismi, FL 33130	Miami, FL 33130				
	5/19/2014	L1400	00084468			
•	Date of filing/registration in Florida	4,	Document number			
. (a)	Registered Agent and Registered Office shown on the records of					
, ,	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:			
	Universal Registered Agents, Inc.	SECRETARY TALLAHASS				
	Registered Office Address (MUST BE FLORIDA STREET)	HE IN				
	3458 Lakeshore Drive	ASS ASS				
	Tallahassee, FL	32312				
			OF STA			
(b)	Enter name of NEW Registered Agent and/or NEW Registered		FLORIOR			
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:				
	C T Corporation System	, >				
	NEW Registered Office Address:					
	1200 South Pine Island Road					
	Plantation , FL	33324				
ie char gent w	mited liability company is not organized under the lavinge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited liar cauthorized by an affirmative vote of the members of the organization or the operating agreement of the	vs of the State of the registered of ability company of the limited list limited liability	office and the business office of the register, it is hereby confirmed that the change(s) ability company or as otherwise provided in a company.			
Sign	ire of a member or nuthorized representative of a member	Tammy Tol	Printed or typed name of signee			
	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I h in writing of this change rporation System	ee to act in this performance of d for in Chapter hereby confirm	capacity. I further agree to comply with the first duties, and I am familiar with and accoment is being file that the limited liability company has been			

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