## L/4000/5/873

(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:						





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10/29/14--01020--003 \*\*25.00

Thank .

# 807 29 PH # 54

## **COVER LETTER**

TO:	Registration Section Division of Corporations		•			
GZ AUTO SALES LLC.						
Name of Limited Liability Company						
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered Office Ch	ange and	fee(s) are submitted for filing.			
Please	return all correspondence concerning this matt	ter to the	following:			
JENN	IFER REYES APONTE					
	Name of Person		<del></del>			
GZ AUTO SALES, LLC.						
	Firm/Company		<del></del>			
2205	FORSYTH RD UNIT M	· :				
	Address	-	<del></del>			
ORLA	NDO FL 32807	ē	entre de la companya			
	City/State and Zip Code		<u> </u>			
crxsi@	@me.com					
E.	-mail address: (to be used for future annual rep	ort notif	ication)			
For furt	ther information concerning this matter, please	call:				
JENN	IFER REYES APONTE at (	407	310-4210			
	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	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314				
Sur 21	Enclosed is a check for the following amou	nt:	•••			
	<b>2</b> \$25 Filing Fee	□ \$5	5 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.	Na	me of the limited liability company: GZ AUTO SA	LES, I	LL —	.LC.		
2.	(a)	2205 FORSYTH RD UNIT M	(	ъ)	2205 FORSUTH RD UNIT M		
	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	,0,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		ORLANDO FL 32807	<del></del>		ORLANDO FL 32807		
		09/29/2014	_	L	L14000151873		
<ul><li>3.</li><li>5.</li></ul>	(a)	Date of filing/registration in Florida JENNIFER REYES APONTE	4.	-	Document number		
J.	(4)	Registered Agent and Registered Office shown on the records of 2845 KINGS DEER RD	the Florid	ia I	a Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET A	4DDRES	S)	<u>E7</u>		
		WINTER PARK , FL	32792	2792			
	(b)	JENNIFER REYES APONTE			BCT 29   TH		
•	` ,	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ddr	ldress:		
		2205 FORSYTH RD UNIT M			는 보고		
		NEW Registered Office Address:			<u> </u>		
		ORLANDO ,,FL	32792	- !			
the age	cha ent v s/we	imited 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- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reginability confirmation of the linited	iste on nit lia	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in		
-2	gnat	ure of a member or authorized representative of a member			Printed or typed name of signee		
pro the to	oviși e obl mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	ee to ac perforn d for in hereby c	et i. nar Ch con	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been		

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