

| (Re | equestor's Name) | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Bu | ısiness Entity Nar | me) | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2015

JEFF JERMAN 1000 STINSON WAY, SUITE 109 WEST PALM BEACH, FL 33411

SUBJECT: JR AUTO COLLECTION, LLC

Ref. Number: L14000197142

We have received your document for JR AUTO COLLECTION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 315A00017092

COVER LETTER

| | ration Section on of Corporation | ns | | | | | |
|---|--|--------------------|---------------|--|------------------------|------------|--|
| SUBJECT: _ | JR | , | | lection, | LLC | | |
| Name of Limited Liability Company | | | | | | | |
| Dear Sir or Ma | adam: | | | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | | | |
| Please return a | II correspondenc | e concerning this | s matter to t | he following: | | | |
| Jeff |) Jer Name | of Person | | | | | |
| Firm/Company | | | | | | | |
| 653 Sand Pine Un Address | | | | | | | |
| Deerfield Bch. FL, 3344L City/State and Zip Code | | | | | | | |
| DE-mail a | to collect | ed for future annu | nai). C | otification) | | | |
| For further inf | formation concer | ning this matter, | please call: | | | | |
| Jeff | · Jern | ∞ | _at (.95 | | <u> </u> | | |
| | Name of Perso | n | | Area Code & I | Daytime Telepho | one Number | |
| Regist Divisi Clifto 2661 I | CET/COURIER tration Section on of Corporation In Building Executive Center passee, Florida 32 | ns Circle | | MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, Florida | n ations a 32314 | 11 | |
| Enclo | sed is a check fo | or the following | amount: | - Mready | y sent | 832 | |
| □ \$25 | 5 Filing Fee | | | \$55 Filing Fee & C | 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.

| ame of the limited liability company: TR Ado Collection LL | _ |
|---|--|
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) West Palm Beach, Pl 3341 | - - - |
| 12/31/2014 L14000197142 | |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 233 S. Fcderal Huy Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | |
| FL. SECOND Pive Co. SET | |
| , FL | |
| imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the register will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided is icles of organization or the operating agreement of the limited liability company. Printed or typed name of signed by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with its of all statutes relative to the proper and complete performance of my duties, and I am familiar with and actions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being find in writing of this change in the registered office address, I hereby confirm that the limited liability company has been din writing of this change. | ered n |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Date of filling/registration in Florida Perincipal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Date of filling/registration in Florida A. Document number Deep Address Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 233 5. Federal Huy Registered Office Address: Gld Boca Yafun FL, 3343 FL Enter name of NEW Registered Agent and/or NEW Registered Office address: Deep Feld Cah. FL, 3344 NEW Registered Office Address: Deep Feld Cah. FL, 3344 FL imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida Street address of the registered office and the business office of the registered office. Address: Deep Feld Cah. FL (3344) NEW Registered Office Address: Printed or typed name of signed ture of signed authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in clayer of organization or the opperating agreement of the limited liability company. It is hereby confirmed that the changed's green authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in clayer of organization or the opperating agreement of the limited liability company. |