L15000025767

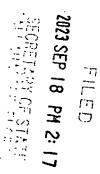
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer. U50000 25767
JOENNO
SEP 2 0 2023





600413364256

09/18/23--01028--003 **525.00



COVER LETTER

TO: Registration Section Division of Corporations							
Exotics of Florida, LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.					
Please return all correspondence concernin	ng this matter to the f	following:					
Erik Day							
Name of Person		_					
Exotics of Florida, LLC							
Firm/Company		_					
2300 NE 151st ST							
Address							
North Miami, FL 3311							
City/State and Zip Co	de	- -					
eday@warrenhenryauto.com/jigonzalez@wa	rrenhenryauto.com						
E-mail address: (to be used for future	annual report notifi	cation)					
For further information concerning this ma	itter, please call:						
Erik Day	305 at (690-6073					
Name of Person		Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the follow	wing amount:						
■ \$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. N	ame of the limited liability company: Exotics of Florida	a, LLC			
2. (a)	2300 NE 151st ST		(b)	2300 NE 1	51st ST
(ω)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(5)		Aniling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	North Miami, FL 33181			North Mias	ni, FL 33181
	02/11/2015		ı	.150000257	67
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	Fodiman, Todd A, ESQ.				
()	Registered Agent and Registered Office shown on the records of 3225 Aviation Ave				· :
	Registered Office Address (MUST BE FLORIDA STREET.) Suite 301	<u>ADDRE</u>	:SS)		
	Miami	33133	3		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			FILLED 2023 SEP 18 PM 2: 1" SECRETARY OF STATE	
	NEW Registered Office Address:				
	121 Alhambra Plaza, Suite 1505				. , , , , ,
	Coral Gables, FL	33134	ļ		
change agent v was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liater authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of the l limited	erec cor limi d li	d office and npany, it is ted liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	ature of a metaber or authorized representative of a member			-	Printed or typed name of signee
provisi the obj to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I do in writing of this change.	perfor. d for ir	ma. n C.	nce of my a hapter 605.	luties, and I am familiar with and accept F.S. Or. if this document is being filed
Signatu	ire of Registered Agent				