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(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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TARRETARY OF STATE

FILED

JUL 13 2015 I. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Advance Auto + Name of Lin	ransport LLC mited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
Julio c Palau Name of Person				
Advance Auto transport LLC Firm/Company				
65 SW 18 AYE Address				
Homesteal FL 33030 City/State and Zip Code				
advance autotransport @ 9mail. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Julio C Palau a1 (786) 999-5622				
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (2/14)



June 19, 2015

JULIO C PALAU 65 SW 18 AVE HOMESTEAD, FL 33030

SUBJECT: ADVANCE AUTO TRANSPORT, LLC

Ref. Number: L15000047693

We have received your document for ADVANCE AUTO TRANSPORT, 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, but your entity is a 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 your filing will be considered abandoned.

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

Jenna D Harris Regulatory Specialist II

Letter Number: 815A00012912

15 JUL -9 PH 1: 28

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: Advance Auto	transport LLC
	65 SW 18 Ave Homestead FL (b) 65 S	w w
	3/17/15 Date of filing/registration in Florida 4.	200047693
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
the account of the second	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	5 5 <u>5</u>
	Homestead, FL 33035	FILED L-9 PH
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	7:2 9:1:2
	65 SW 18 AVE	28 28 28
	NEW Registered Office Address:	
•	Homestead ,FL 33030	
the cha agent v was/we the arti	imited liability company is not organized under the laws of the State of Flounge or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability colors of organization or the operating agreement of the limited liability company.	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
provisi the obl to mere	by accept the appointment as registered agent and agree to act in this capaions of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605 ely reflect a change in the registered office address. I hereby confirm that the difference of this change.	icity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent	