

L15000051993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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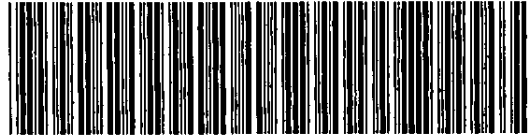
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. GALT  
EXAMINER  
JUN 24

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Heavy Equipment Parts and Tires Supplier LLC  
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 concerning this matter to the following:

Francisco J. Brignoni  
Name of Person

Heavy Equipment Parts and Tires Suppliers LLC  
Firm/Company

6733 Tamarind circle  
Address

Orlando FL 32819  
City/State and Zip Code

glorimarcollado@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francisco Brignoni at (407) 480-6580  
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

**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. Name of the limited liability company: Heavy Equipment Parts and Tires Suppliers LLC

2. (a) 6449 Rockingtree Ln  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Orlando FL 32819

(b) 5036 Dr. Phillips Blvd.  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

Suite 198

Orlando FL 32819

3. 03/23/2015  
Date of filing/registration in Florida

4. L150000 51993  
Document number

5. (a) Francisco Brignoni  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6449 Rockingtree Ln  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando FL 32819

\_\_\_\_\_, FL \_\_\_\_\_

(b) Francisco Brignoni  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6733 Jamarind circle

**NEW Registered Office Address:**

Orlando, FL 32819

\_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Francisco Brignoni  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

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