L15000084544

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



000291977950

11/07/16--01003--021 **25.00



D. BRUCE NOV 2 9' 2016



November 8, 2016

J.LUCAS LAMAR J.LUCAS LAMAR ACCOUNTING CORP. 6151-8 RIVERWALK LANE JUPITER, FL 33458

SUBJECT: PRIVE VINTAGE MOTORCARS LLC

Ref. Number: L15000084544

We have received your document for PRIVE VINTAGE MOTORCARS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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, pease call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 416A00024054

ן כ

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ						_
	Na	me of Limite	ed Liability Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitte	d for filing.	ı	
Please	return all correspondence concerning t	nis matter to	the following:			
J.LU	CAS LAMAR					
	Name of Person		 -			
J. LU	CAS LAMAR PUBLIC ACCOUN	TING COR	P.			
	Firm/Company					
6151	-8 RIVERWALK LANE					
	Address					
JUPI	TER FL 33458					
	City/State and Zip Code	-			な	
jlama	rtaxes@gmail.com			!	2016 NOV	
I	E-mail address: (to be used for future an	nual report r	notification)	Ş	NO N	1
For fu	rther information concerning this matter	, please call	:	אבר,	28 70	
J. LU	CAS LAMAR	561	541-0704	rLor	A II:	D
	Name of Person		Area Code & Da	ytime Te	none Sumb	_ ber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 3	ons		
	Enclosed is a check for the following	g amount:				
	□ \$25 Filing Fee		\$55 Filing Fee & Cer	tified 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: PRIVE VINTA	GE M	OTORCA	RS LLC		
2. (a)	523 OGSTON STREET SUITE G	_ (b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	WEST PALM BEACH			<u>, , , , , , , , , , , , , , , , , , , </u>		
	FLORIDA 33405	_				
	05-13-2015		L150000	B4544		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	FLORIDA INCORPORATOR					
J. (<u>1</u> ,	Registered Agent and Registered Office shown on the records of the 619 CATTLEMEN RD # 155		· 	- e: -		
	Registered Office Address (MUST BE FLORIDA STREET A	<u>IDDRES</u>	<u>(S)</u>			
	SARASOTA , FL	34232		-		
(b)	J.LUCAS LAMAR PUBLIC ACCOUNTING CORP			2016 Seca		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			夏夏		
	6151-8 RIVERWALK LANE			28 SEE		
	NEW Registered Office Address:			OF STATE		
	WEITER			50 10A		
	JUPITER , FL	33458		-		
agent was/we the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere antiborized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg bility c f the lir limited	istered offic ompany, it i nited liabilit liability cor	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in a npany. Support		
provisi the obi to mer	by acceptione appointment as registered agent and agre- ions of full statutes relative to the proper and complete p ligations of my position as registered agent as provided elyproper a change in the registered office address, I had a provided the proving of this change.	ee to ac perforn I for in pereby c	t in this cap nance of my Chapter 602 confirm that	acity. 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	e of Registered Agent					
	Division of Cornerations P.O. P.	(33	Za Tallaka.	DI 22214		