## L15000 121805

| (Requestor's Name)                      |                        |  |
|---|------------------------|--|
| (Address)                               |                        |  |
| (Address)                               |                        |  |
| (City/State/Zip/Phone #)                |                        |  |
| PICK-UP                                 | ☐ WAIT ☐ MAIL          |  |
| . (0                                    | Business Entity Name)  |  |
| (Document Number)                       |                        |  |
| Certified Copies                        | Certificates of Status |  |
| Special Instructions to Filing Officer: |                        |  |
|   |                        |  |
|   |                        |  |
| Sigh                                    |                        |  |
| 7                                       | Office Use Only        |  |



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2016

FREEDOM WARRANTY AUTO SALES LLC JOHN SKELTON 24850 OLD 41 RD, STE. 19 BONITA SPRINGS, FL 34135

SUBJECT: FREEDOM WARRANTY AUTO SALES LLC

Ref. Number: L15000121805

We have received your document for FREEDOM WARRANTY AUTO SALES 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 916A00013383

| ψ. |   |  |  |
|----|---|--|--|
|    | COVER LETTER  |  |  |
|    | TO: Registration Section Division of Corporations   |  |  |
|    | SUBJECT: Freedom Warranty Auto Sales 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:   |  |  |
|    | John Skelton<br>Name of Person  |  |  |
|    | Firm/Company Auto Sdes LLC  |  |  |
|    | 24950 ad 41 Rd Swite 19<br>Address  |  |  |
|    | Borila Svins, FL 34/35<br>City/State and Zip Code   |  |  |
|    | Ske/tun (at) Aredwm warranty, com<br>E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:   |  |  |
|    |   |  |  |
|    | Sohn P Ske/ton at (J39) 908-4086  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 |  |  |

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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: Freudem                                      | Warranty Anto Sales LLC  |
|--|--|
| 2. (a) 24650 OW 41 RJ  | (b) 24850 Old 41 Rd  |
| Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| Swite 19   | Suite 19   |
| Bonita Springs, FL 34135   | Bunita Springs FZ 34/35  |
| Bonita Springs, FL 34135<br>Original<br>6/16/16 date: 7/15                             | Alis L15000 121805   |
|  | 4. Document number   |
| 5. (a) Registered Aunty Inc.   |  |
| Registered Agent and Registered Office shown on the records of the I                   | Florida Dept. of State:  |
| 3030 North Rule Pu   | ist Dr.  |
| Registered Office Address (MUST BE FLORIDA STREET ADD                                  | DRESS)   |
| Suite 150A   | 2016   |
| Tampa, FL.   | 33607 PELSE TI   |
| (b) John P Skelton   | SSEF C   |
| Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Off</u>             | fice address:  |
|  | fice address:  |
| NEW Registered Office Address:   |  |
| 4 462 S. Harrill R   | P.d  |
| West Palm Beach, FL.   | 33415  |
| f the limited liability company is not organized under the laws o                      | of the State of Florida, it is hereby confirmed that after                   |

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.

Juhn

Signature of a member or authorized representative of a member

Printed or typed name of signce

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 mv 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 of Registered Agent