1500196187

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COVER LETTER

TO: Registration Section Division of Corporations					
Malba Auto Sales, LLC.				_	
Nam	e of Limite	d Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing.			
Please return all correspondence concerning thi	s matter to	the following:			
Rosalie Lugo					
Name of Person					
Malba Auto Sales, LLC.					
Firm/Company	_		Em	2019	
3319A Waller St.				2019 APR 18	A P
Address				8	TEN NO.
Jacksonville, FLA. 32254				4H II: 45	PPROVED NND FILED
City/State and Zip Code		 	7 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	£	
malbaautosales@gmail.com					
E-mail address: (to be used for future annu	ual report n	notification)			
For further information concerning this matter,	please call	:			
Brian Estrella	904	497-0684			
Name of Person	at (Area Code & Daytime Telephor	ne Numb	- er	
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)

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

. (a)	tme of the limited liability company:3319A Waller St.		3319 <i>/</i>	A Waller St.			
. ()	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	eany:	(0)	Mailing address	s of limited liab BE POST OF	•	
	Jacksonville, FLA. 32254		Jacks	onville, FLA.	32254		
	9/16/15		L15000)136187			
. (a)	Date of filing/registration in Florida Rosalie Lugo	4.		Document i	number		
. (a)	Registered Agent and Registered Office shown on the re	cords of the Flori	da Dept. of S	tate:			
. (a)	Registered Office Address (MUST BE FLORIDA S	_	<u>. </u>	itate:			
. (a)	Registered Office Address 3319A Waller St. Jacksonville	TREET ADDRES	<u>SS)</u>	etate:			
	Registered Office Address 3319A Waller St.	TREET ADDRES	<u>SS)</u>	etate:	₩ŞG	2011	
(b)	Registered Office Address 3319A Waller St. Jacksonville	32254 , FL	4	etate:	SEONE PALLAI SEONE	2019 API	Z.
	Registered Office Address 3319A Waller St. Jacksonville Brian Estrella	32254 , FL	4	ctate:	SEGRETASSE TALLATASSE	2019 APR 18	APPRO AN FILE
	Registered Office Address 3319A Waller St. Jacksonville Brian Estrella Enter name of NEW Registered Agent and/or NEW Registered Agent	32254 , FL	4	etate:	SECRETARI OF ST TALLATASSEL FLO	2019 APR 18 AM 11: 4	AFFROYED AND FILED

the articles of organization or the operating agreement of the limited liability company.

BRIAN ESTRELLA Signature of a member or authorized representative of a member

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 of Registered Agent