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COVER LETTER

SUBJECT: GNA Auto Service 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:				
Anthony La Forte Name of Person GNA Auto Service LLC Firm/Company				
445 DE 6th Are #13 Address				
De Vay Beach Fr. 33483 City/State and Zip Code				
GNGGADSCIVICE GMAIL. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Anthony LuFort at (561) 350.8139 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

TO: Registration Section Division of Corporations

, 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	ime of the limited liability company: BNA Auto Service	1.1.
	445 NE6+ Ave #13 Devay Beach (b) Su	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida 4. Gloria Parilo Registered Agent and Registered Office shown on the records of the Florida Dept. of States	5000759532 Document number
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Delvy Beach, FL 33483	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 445 NE 6 h Ave # 13	16 FEB 29 PM 12:
the cha agent w was/we	mited liability company is not organized under the laws of the State of Floringe 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 authorized by an affirmance when of the members of the limited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signat I herel provisi the obli to mere notifica	cles of erganization or the operating agreement of the limited liability compared of aniember of authorized representative of a member by accept the appointment as fegistered agent and agree to act in this capations of all statutes relative to the proper and complete performance of my displaying of my position as registered agent as provided for in Chapter 605 of reflect a change in the registered office address, I hereby confirm that the office of Registered agent	Printed or typed name of signee
y	Division of Corporations • P.O. Box 6327 • Tallahas	see, FL 32314

FILING FEE: \$25.00

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