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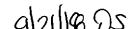
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Next Gen Driver Name of Lim	Training LLC ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Name of Person Next Gen Driver Training Firm/Company	
10157 Lake Lamar Ct Address	
Jacksonwille FL 37256 City/State and Zip Code	<u> </u>
John @ 1) ext gendriver training. (E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	ull:
John J Heinzel at (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 Fec	☐ \$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 Florida.

ling address of limited liability company: Note: MAY BE POST OFFICE BOX)
TORE TOUR DE L'OST OFFICE BOTO
Laks Lange (T
ville FL 32256
300172103
ocument number
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da, it is hereby confirmed that after nd the business office of the registered ereby confirmed that the change(s) company or as otherwise provided in any. I le 17 le rinted or typed name of signee ity. I further agree to comply with the ties, and I am familiar with and accept its. Or, if this document is being filed a limited liability company has been