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(Requestor's Name)						
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(Ad	dress)					
(Address)						
(Cit	y/State/Zip/Phone	<u> </u>				
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☐ PICK-UP	WAIT	MAIL				
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Certified Copies Certificates of Status						
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Special Instructions to	Filing Officer:					
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Office Use Only						
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04/04/13--01011--003 **25.00



R. WHITE

COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
SUBJI	CAR'S TRADE CENTER, LLC					
30 001	Name of Limited Liability Company					
Dear S	ir 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:						
MAN	UEL RUBINSZTEIN					
	Name of Person		<u> </u>			
CAR'	S TRADE CENTER, LLC					
	Firm/Company					
5600	S. ORANGE BLOSSOM TRAIL					
	Address					
ORLA	ANDO, FL 32839					
_	City/State and Zip Code					
carsti	radecenterfl@gmail.com					
F	-mail address: (to be used for future annual	report noti	fication)			
For fur	rther information concerning this matter, plo	ease call:				
MAN	UEL RUBINSZTEIN	407 at (607-5203			
	Name of Person	\ <u></u>	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 Fee	- \$	55 Filing Fee & Certified Copy			
INHSU	8 (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. Na	ame of the limited liability company: CAR'S TRADE	E CEN	TER, LLC		
2. (a)	5600 S. ORANGE BLOSSOM TRAIL	(t	5600 S.	ORANGE BLOSSOM TRAIL	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	ORLANDO, FL 32839		ORLAND	OO, FL 32839	
	10/14/2015	_	L1500017	4928	
3.5. (a)	Date of filing/registration in Florida MANUEL RUBINSZTEIN	4.		Document number	
J. ()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 5421 EDGEWATER DR				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2019 APR	
	ORLANDO , FL	32810		1 1	
(b)	MANUEL RUBINSZTEIN Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	5600 S. ORANGE BLOSSOM TRAIL			도설 36	
	NEW Registered Office Address:				
	ORLANDO , FL	32839			
the cha agent v was/wa	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law and the law are considered.	the regi bility co f the lin limited	stered office ompany, it is nited liability liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mer notified	by accept the appointment as registered agent and agre tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d'in writing of this change.	ze to ac perform I for in (ereby c	t in this capa ance of my a Chapter 605, onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
Signatu	ne of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassec, FL 32314 FILING FEE: \$25.00