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| (Requestor's Name) | | | | | | |
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| (Cit | ty/State/Zip/Phone | #) | | | | |
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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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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|---|--|--|--|--|--|--|
| SUBJECT: On Site Anto Detail, LLC Name of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Office Change and | d fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the | e following: | | | | | |
| Shawn Varghaizadeh Name of Person On Site Anto Detail, UC Firm/Company | | | | | | |
| P 0 Bcx 951383 Address | | | | | | |
| Lake May FL 32795 City/State and Zip Code | . <u></u> | | | | | |
| E-mail address: (to be used for future annual report notion | ification) | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Shawn Varghaizadeh at (610) Name of Person | Area Code & Daytime Telephone Number | | | | | |
| Registration Section R Division of Corporations D Clifton Building P. | IAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, 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 BOT LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

| 1. 1 | Name of the limited liability company: On Site Aut | to Dela | nd, LLC | | |
|---|---|--|---|---|---|
| 2. (a | act at all us | (b) | On Sik Anto | Defail, L of limited liabil BE POST OFF | • |
| | 1335 Bennett Drive # 125 | ا | P.O Box 95 | 1383 | |
| | 1335 Bennett Drive # 125 Longwood, FC 32750 | | Lake Mary | | 795 |
| | | | cipe / holy | 10 20 | |
| | 11-12-2015 | | L15000 19 | 16 ZE | |
| 3. | Date of filing/registration in Florida | 4. | Document no | | |
| 5. (a |) Shawn S Varghaizadeh | | | | |
| · (| Registered Agent and Registered Office shown on the records of the I | Florida Dept. | of State: | | |
| | 1335 Bennett Drive #125 | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADD | ORESS) | | | |
| | | | | حہ | |
| | Longwood FL | 3275 | O É | 2010 OCT -9 | -33 |
| | 0 | | | | ي و الماري <u>ماريون</u> معاملات |
| (b | / ———————————————————————————————————— | | <u> </u> | ا الله الأوراني | \$ \$** \$*** ** |
| | Enter name of NEW Registered Agent and/or NEW Registered Off | i <u>ce address</u> : | Ţ | 150 TE | grammy Grammy |
| | 700 Remington Call Drive | | - r | | Civ |
| | NEW Registered Office Address: | | | | |
| | Lake Mary FL 32746 | | | <i>7</i> . | |
| | | | | | |
| | , FL | | | | |
| If the | limited liability company is not organized under the laws of | of the State | of Florida, it is her | eby confirm | ed that afte |
| the clagent was/v | hange or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited liabil were authorized by an affirmative vote of the members of the rticles of organization or the operating agreement of the lim | registered ity compar ie limited l | l office and the busi 1y, it is hereby conf iability company or | ness office o | of the regist ne change(s) |
| | nature of a member of authorized representative of a member | SHAW | N VARGHAIZA Printed or type | DEH | |
| | • | | ** | _ | |
| I her provi the o. to me notifi | weby accept the appointment as registered agent and agree to sions of all statutes relative to the proper and complete perbligations of my position as registered agent as provided for reflect a change in the registered office address, I here ed in writing of this change. | to act in the formance of the formance of the following th | is capacity. I furthe of my duties, and I a er 605, F.S. Or, if i n that the limited lid | er agree to c um familiar chis documen chility compo | omply with a with and acc at is being fi, any has beer |
| Signa | ture of Registered Agent | | | | |

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