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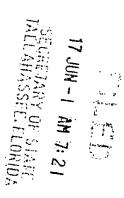
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Att Sels 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:					
Ypendris Hurtado Name of Person					
Auto Sells 4 LOSS, UC Firm/Company					
2625 N MainSt. Swite B					
Aunesville, fl 32409 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Marie Mare of Person at (352) 278-8423 Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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:					
10 \$25 Filing Fee & Certified Conv					

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:	<u>Sells</u>	LUSS,	LL	
2. (a)	2025 N Uan St Suite B Principal office address of limited liability company:	(b) 2(e)		lains	
	(Note: MUST BE STREET ADDRESS)		Mailing address of l	imited hability co	
	Gainesville 1/32409	600	ves ville	· P1 7	31609
	03/21/2016	L11a	00005	7159	
3.	Date of filing/registration in Florida	4.	Document num	iber	
5. (a)	yoenaris Hurtado		_		
	Registered Agent and Registered Office shown on the records of the F	florida Dept. of Sta	le:		
	0900 SW 60 AVE #	79	_		
	Registered Office Address (MUST BE FLORIDA STREET ADD	RESS)			
	Gainesville H, 324	20+	_	MILE A	
	, FL		_	88 ±	E. s. efakcia
(b)	Marie Marrero				granden in
,	Enter name of NEW Registered Agent and/or NEW Registered Offi	ice address:	_	10 10 11 11 11 11	Marie Train
	2510 NE 9th St. #70)Q			•
	NEW Registered Office Address:				•
	bainewille, +132409		_		
	, FL		_		
If the I	imited liability company is not organized under the laws o	of the State of F	orida, it is hereb	v confirmed th	nat after
the cha	inge or changes are made, the Florida street address of the	registered offic	e and the busine	ss office of the	e registered
agent v	will be identical. Or, in the case of a Florida limited liabiliere authorized by an affirmative vote of the members of the	ity company, it e limited liabili	is hereby confirm ty company or as	ned that the ch s otherwise pro	ange(s) avided in
the arti	cles of organization or the operating agreement of the lim	ited liability cor	mpany.	, other moe pro	,,,a•a 111
		_ Wend	ris Hurt Printed or typed n	ado	
_					
I here provisi the obl to mero notified	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided for the reflect a change in the registered office address, I here I in writing of this change.	o act in this cap formance of my r in Chapter 60 by confirm that	pacity. I further duties, and I am 5, F.S. Or, if thi, the limited liabi	agree to comp familiar with s document is lity company i	ly with the and accept being filed has been
Signatu	re of Registered Agent				