16000070903

| (Re | equestor's Name) | | | | | | |
|---|------------------|-----------|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | MAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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August 8, 2017

ALEXANDRU ARICIUC 13575 58TH ST BORTH #133 CLEARWATER, FL 33760

SUBJECT: FLEET EXCHANGE LLC

Ref. Number: L16000070903

We have received your document for FLEET EXCHANGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 517A00016189

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

· COVER LETTER

| TO: | | ion Section of Corporations | | | |
|---|--|---|-----------------|---|--|
| SUBJ | SUBJECT: FLEET EXCHANGE LLC | | | | |
| | | ٨ | lame of Limit | ited Liability Company | |
| Dear : | Sir or Mada | m: | | | |
| The e | nclosed Reg | gistered Agent/Registered (| Office Change | ge and fee(s) are submitted for filing. | |
| Please | e return all o | correspondence concerning | this matter to | to the following: | |
| | ALEXA | NDRU ARICIUC | | | |
| | | Name of Person | | | |
| | FLEET | EXCHANGE LLC | | | |
| | | Firm/Company | | | |
| | 13575 5 | 8TH ST NORTH, #13 | 3 | | |
| | • | Address | | | |
| | CLEAR | WATER, FL 33760 | | | |
| | <u> </u> | City/State and Zip Code | e | | |
| | alex@a | mericanfleetexchan | ae.com | | |
| | | ess: (to be used for future a | | t notification) | |
| For fu | rther inform | nation concerning this mat | ter, please cal | ail: | |
| | ALEXA | NDRU ARICIUC | at (| 727 ₎ 688 6823 | |
| | <u> </u> | Name of Person | | Area Code & Daytime Telephone Number | |
| | Registrat Division Clifton B 2661 Exc | f/COURIER ADDRESS: ion Section of Corporations duilding ecutive Center Circle see. 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 Fi | ling Fee | • | ☐ \$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.

| 1. N | ame of the limited liability company:FLEET EXC | CHANGE LI | _C | |
|--|--|---|--|--|
| 2. (a) | 13575 58th St N, #133, Clearwater FL 33760 | 0 _(b) 13575 | | , Clearwater FL 33760 |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limite (Note: MAY BE POS | * • - |
| | 04/11/2016 | | L.16000070903 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a) | | | _ | |
| | Registered Agent and Registered Office shown on the records of the I | Florida Dept. of St | tate; | |
| | 5512 ESCONDIDA BLVD S | | | |
| | Registered Office Address [MUST BE FLORIDA STREET ADD | <u>ORESS)</u> | | |
| | ST PETERSBURG .FL | 33715 | . _ | |
| (b) | ALEXANDRU ARICIUC | | | 17 1 |
| | Enter name of NEW Registered Agent and/or NEW Registered Off | ice address: | | AUG 24 |
| | NEW Registered Office Address: | ······································ | | 等 章 行 |
| | 13575 58TH ST N, #133 | | <u> </u> | AHII: 49 |
| | CLEARWATER | 33760 | | ω |
| the changent was/withe art Signa There | imited liability company is not organized under the laws cange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabil ere authorized by an affirmative vote of the members of the icles of organization and operating agreement of the limiture of a member or authorized representative of a member oby accept the appointment as registered agent and agree the ions of all statutes relative to the proper and complete per ligations of my position as registered agent as provided for the registered office address. There is a litting of this change. | registered offi ity company, in the limited liability co- ited liability co- | t is hereby confirmed lity company or as othorpany. Printed or typed name | ffice of the registered that the change(s) nerwise provided in of signee |