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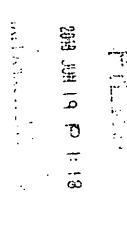
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
<u> </u>		

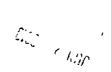
Office Use Only



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COVER LETTER

Division of Corporations	
	Wing Sales & Service Los of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
RAQUEL Boils Name of Person	<u> </u>
Goys Towing Firm/Company	Sales « Service LLC
99275 OULTARES	- Hay
City/State and Zip Code	_33037
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
RAQUEL BAUXI Name of Person	at (305) 852-5447 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 Tallahassec, 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 BOTH I LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability com submits the following statement in order to change its registered office or registered agent, or both, in the Sta Florida. Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company. (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. Document number Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the regis agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided

the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been applied to the change in the company has been applied to the change in the company has been applied to the change in the change notified in writing of this change.