16000080474

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	÷#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
		:			
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
SUBJECT: Engine Fumes Gauges	Engine Fumes Gauges LLC					
	Name of 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:						
Savage, Jesse						
Name of Person						
Engine Fumes Gauges LLC						
Firm/Company						
1199 South Federal Highway, Suite	≥ 200					
Address						
Boca Raton, FL 33432						
City/State and Zip Co	de					
Jesse@EngineFumesGauges.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this ma	atter, please call:					
Jesse Savage	561 571 - 2000					
Name of Person	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					

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	me of the limited liability company: Engine Fumes	Gaug	es LLC	
2. (a)	1199 South Federal Highway	_ (b	n)	
<i>2.</i> (ц) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (·)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Suite 200	_		
		Boca Raton, FL 33432	_		
		04/25/2016		L16000	080474
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Savage, Jesse			
	()	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of S	tate:
		2234 North Federal Highway			-
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	<u> </u>	- F.C. 2
		#320			
		Boca Raton	33431		ZIIK NOV 28 SEURETART FALLAHASS
((b)	Savage, Jesse Enter name of NEW Registered Agent and/or NEW Registered C 1199 South Federal Highway NEW Registered Office Address: Suite 200	Office ad	dress:	EURETARY OF STATE
			.=	<u> </u>	
		Boca Raton ,FL	33432		
the age was	cha nt w /we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regi oility co the lin	stered off ompany, i nited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
		use Jage	Jes	se Sava	<u> </u>
	•	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to n	viși obli iere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	e to ac perform for in (ereby c	t in this co ance of n Chapter 6 onfirm th	apacity. I further agree to comply with the try duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Sig	Hatui	re of Registered Agent			