2/6000/16034

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
WRONG FORM Office Use Only									
Office Use Only									



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SECRETARY OF STATE

K. SALY FEB - 1 2017



January 12, 2017

SANTANASTO LAW LAWRENCE M COHEN C/O TJERAND R SNIK ESQ 210 E BROAD ST. BETHLEHEM, PA 18018

SUBJECT: CLASSY AUTOMOTIVE, LLC

Ref. Number: L16000116034



We have received your document for CLASSY AUTOMOTIVE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 917A00000773



210 East Broad Street, Bethlehem, Pennsylvania 18018 Phone: 610-849-1780 | Fax: 610-849-0060 | Web: SantanastoLaw.com

January 27, 2017

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

RE: Classy Automotive, LLC

To Whom It May Concern:

For filing in your office, please find enclosed a completed and duly signed Statement of Change of Registered Office for Limited Liability Company regarding the above-mentioned entity along with the completed Cover Letter. As per your instructions, I have also enclosed your letter addressed to us detailing the instructions for resubmission of these forms.

Should you need anything further or have any questions, please do not hesitate to contact our office. Thank you.

Sincerely,

Denise S. Wescoe

Paralegal

cc: Lawrence Cohen

Enclosures (3)

COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Divisi	on of Corpo	orations								
SUBJECT:	Classy	Automotive,	LLC							
_	Name of Limited Liability Company									
Dear Sir or M	adam:									
The enclosed	Registered A	Agent/Registered Off	fice Cha	nge and fo	ee(s) are submitted for filing.					
Please return a	all correspor	ndence concerning th	is matte	er to the fo	ollowing:					
Tjerand	R. Sni)	k, Esquire								
	N	lame of Person			-					
Santana	stolLaw				_					
	F	irm/Company								
210 E.	Broad St				_					
		Address								
Bethleh	em, PA	18018			_					
	City/	State and Zip Code								
tsnik@sa E-mail a	antanast ddress: (to l	tolaw.com be used for future and	nual rep	ort notific	eation)					
For further int	formation co	oncerning this matter	, please	call:						
Lawrence	e M. Col	ien	at (_	610) 420-2849					
	Name of	Person			Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section									
	ion of Corpo		Registration Section Division of Corporations							
Clifto	n Building		P.O. Box 6327							
		e Center Circle Tallahassee, Florida 32314								
i aitar	nassee, Flori	da 32301								
Enclo	sed is a che	eck for the following	g amoui	nt:						
\$2 :	5 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.

	me of the limited liability company: Classy Auto 6158 Linton St., Jupiter, FL 33458 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		6122 Adams St., Jupiter, FL 3345 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	6/14/2016		L160	00116034		
3.	Date of filing/registration in Florida	\$.		Document r	number	
5. (a)	Lawrence M. Cohen		•			<u>-</u>
\-/	Registered Agent and Registered Office shown on the records of the	lorida	Dept. of St	tate:		
	6158 Linton Street					
	Registered Office Address	RESS		_		
					₩. 2) }
	Jupiter ,FL	3345	3		LURE TARY OF STATE	E TI
(b)	Lawrence M. Cohen			ı	2.5.5. 2.5.5.	° im
	Enter name of NEW Registered Agent and/or NEW Registered Off	ce edd	A11 :		F. F. S.	ED PRI: 24
					10 E	~
	6122 Adams Street				SE SE	7
	NEW Registered Office Address:				•	
_	Jupiter	345	···			
the char	mited liability company is not organized under the laws onge or changes are made, the Florida street address of the	f the S	itate of I	ice and the bus	iness office of	the registered
was/we	rill be identical. Or, in the case of a Florida limited liabil re authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the lim	e limi ited li	od liabil bility co	lity company o ompany.	r as otherwise p	provided in
Signat	ure of amember of authorized representative of a member				ed name of signee	AN TANKA
provision the obli to mere	ry accept the appointment as registered agent and agree tons of all statutes relative to the proper and complete per gations of my position as registered agent as provided for the reflect a change in the registered office address, I here in writing of this change.	o act i forma r in Ci by coi	n this ca nce of m napter 60 nfirm tha	spacity. I furth y duties, and I 05, F.S. Or, if at the limited is	her agree to con am familiar wi this document iability compan	nply with the th and accept is being filed y has been

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

Signature of Registered Agent