## L16000150449

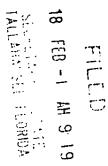
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special Instructions to Filing Officer:		

Office Use Only



400308448374

02/01/18--01021--002 \*\*25.00



FEB OZ ZOIB

## COVER LETTER

TO: Registration Section Division of Corporations	
Auto Connect 407 LLC SUBJECT:	
SUBJECT: Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
ONYEDIM, CHUKWUMA N	
Name of Person	
Auto Connect 407 LLC	
Firm/Company	
3704 S Alafaya Heights rd #209	
Address	<del></del>
Orlando, FL 32828	
City/State and Zip Code	
autoconnect407@gmail.com	
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, plea	se call:
Chukwuma Onyedim	813 3258096
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 amo	ount:
☑ \$25 Filing 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.

407 LLC
<sub>(b)</sub> 3704 S Alafaya Heights Rd. #209
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Orlando, FL 32828
L16000150449
4. Document number
he Florida Dept. of State:
DDDRESS) EB TI
32828
Office address: 9
32828
es of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ibility company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.  ONYEDIM, CHUKWUMA N  Printed or typed name of signee  the to act in this capacity. I further agree to comply with the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties, and I am jamiliar with and accept the performance of my duties and I am jamiliar with and accept the performance of my duties and I am jamiliar with and accept the performance of my duties and I am jamiliar with and accept the performance of my duties and I am jamiliar with and accept the performance of my duties and I am jamiliar with and accept the performance of my duties and I am jamiliar with and accept the performance of my duties and I am jamiliar with and accept the performance of my duties and I am jamiliar with a my duties a