

L16000 171 912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

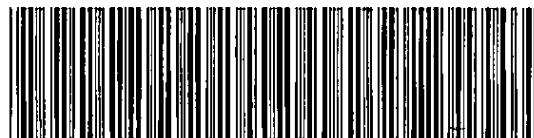
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 SEP 23 AM 10:08
STC
TAMPA, FL

Y SULKFP

SEP 24 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2019

MIX AUTO, LLC
15448 VILLA CITY ROAD
GROVELAND, FL 34736

SUBJECT: MIX AUTO, LLC
Ref. Number: L16000171912

We have received your document for MIX AUTO, 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):

signature part is missing on the application

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 119A00018398

2019 SEP 23 PM 12:29

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIX AUTO
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:

KEVIN MIX
Name of Person

Mix Auto
Firm/Company

15448 Villa City Road
Address

GROVELAND, FL 34736
City/State and Zip Code

MIXKL@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN MIX at (352) 396-4000
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. Name of the limited liability company: MIX AUTO

2. (a) 15448 Villa City Rd (b) "SAME"
Principal office address of limited liability company: Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

GROVELAND, FL 34736

3. 9/14/16 4. L16000171912
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. SEMORAH BLVD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 36

ORLAND, FL 32822

(b) KEVIN MIX
Enter name of NEW Registered Agent and/or NEW Registered Office address

15448 Villa City Road
NEW Registered Office Address:

GROVELAND, FL 34736

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2019 SEP 13 AM 10:08
TALLAHASSEE, FL
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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 registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] KEVIN MIX
Signature of a member or authorized representative of a member Printed or typed name of signer

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

[Signature]
Signature of Registered Agent

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