

L17000038679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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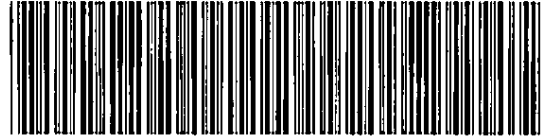
(Business Entity Name)

(Document Number)

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2019 AUG -5 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Motorcycles of Orlando, 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:

Aaron Sprague

Name of Person

Motorcycles of Orlando, LLC

Firm/Company

8901 Futures Drive

Address

Orlando, FL 32819

City/State and Zip Code

asprague@bmwrides.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Sprague

at (813) 926-9937 ext 140

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

2009 AUG -5 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Motorcycles of Orlando, LLC

2. (a) 8901 Futures Drive (b) 8509 Gunn Highway

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Orlando, FL 32819

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Odessa, FL 33556

09/28/2017

L17000038679

3. Date of filing/registration in Florida

4. Document number

5. (a) Paretti, Kenneth L., ESQ

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1 SE 3RD AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 1405

Miami, FL 33131

(b) Aaron Sprague

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

8509 Gunn Highway

**NEW** Registered Office Address:

Odessa, FL 33556

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]  
Signature of a member or authorized representative of a member

Aaron Sprague

Printed or typed name of signee

*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

2017 AUG -5 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA