L17000069350

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

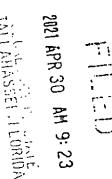
Office Use Only



500364771775 RECEIVED

APR 3 0 2021

05/03/21--01004--019 **25.00



COVER LETTER

	ation Section			ţ			
Divisio	n of Corporations		1	:			
SUBJECT: Hi	istoric Autos, LLC		ı	·			
	N	ame of Limited	Liability Company				
Dear Sir or Mac	dam:		·	. , ,			
The enclosed R	egistered Agent/Registered.C	Office Change a	nd fee(s) are submitted for filing.	· 1			
	•			•			
riease return at	l correspondence concerning	this matter to u	ie ionowing.	•			
Kasey M Minor							
	Name of Person	.					
	Name of Ferson			•			
Workman Mana	agement Group			•			
	Firm/Company			*.			
PO Box 768				•			
	Address	<u> </u>		:			
Effingham, IL 6	2401						
	City/State and Zip Code	<u>-</u>					
lemino «Quarlem	•	•					
kminor@workm	dress: (to be used for future a	nnual report no	tification)				
	·	-		ŕ			
ror luriner into	rmation concerning this matte	er, piease can:					
Kasey M Minor		217 at (540-8589	<u> </u>			
	Name of Person	•	Area Code & Daytime Telepi	hone Number			
Registi Divisio P.O. B	g Address: ration Section on of Corporations ox 6327 assec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclose	ed is a check for the following	ng amount:		•			
■ \$25	Filing Fee	a	\$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.

1.	No	me of the limited liability company: Historic Autos, Ll	LC								
	(a)	88 Broad Street	(b) PO Box 768								
	(")	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
		Winter Garden, FL 34787-3949			Effinghan	n, IL 62401					
			_	•			¥				
			_	•		· · ·		_ 			
		3/27/2017	_	L	17000069	350					
3.		Date of filing/registration in Florida	4.			Document num	ber				
5.	(a)					-					
		Registered Agent and Registered Office shown on the records of the Workman, Richard E	e:	SECR	20	~					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						21 A			
		9800 Walzer Court				_	2021 APR 30 SECRETARY ALLAHASSI				
	Windermere , FL			4786			ESS ABJ	30			
						_	<u> </u>	AH 9:			
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				_	CRETARY OF STATE LAHASSEE, FLORIDA	ڢ			
		Enter name of NEW Registered Agent and/or NEW Registered Office address:						23			
		Corporation Service Company									
		NEW Registered Office Address:	_								
		1201 Hays Street	_	•							
		Tallahassee, FL	32301			_	,				
cha age	inge ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of frganization or the operating agreement of the l	s of th registe bility of f the li	c S red on mit	office an pany, it is ed liabilit	d the business of s hereby confirm y company or as	fice of the	ie regis ie char	itered ige(s)		
		Smooth Ramb	Jo	nati	han Brum	leve, Manager	•				
	•	of a member or authorized representative of a member				Printed or typed no	, -				
prothe to h	ovisi obli merc vifiec M	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete to ignifications of my position as registered agent as provided on the registered office address, I had in writing of this change. Jonel Yelverton-Reis, Asst. Secre	perforn for in ereby o	et ir nan Ch con	i this cape ce of my e apter 603 firm that	acity. I further a duties, and I am i, F.S. Or, if this the limited liabil	gree to c Jamiliar docume ity comp	romply with ai nt is be any ha	with the nd accept ing filed s been		
Zig	gnatu	tof Registered Agent					•				

. 5