# 117000155025

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#### **COVER LETTER**

Division of Corporations						
SUBJECT: The Good Car Wash 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:						
David Hoffman Name of Person						
The Good Car Wash LLC Firm/Company						
310 Hawk Talon Dr Address						
Lithia Florida 33547 City/State and Zip Code						
hoffma 33 equail-com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
David Hoffman at (248) 885 - 527   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						
INHS18 (2/14)						

Replacing Bridgecrest Drive address with Hawk Talon Dr. Address.

## 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. Na	ame of the limited liability company:	The Go	bod	Car	Was	sh L	LC	
2. (a)	Principal office address of limited liability (Note: MUST BE STREET ADDRES  Lithia Florida 33	company: E <i>SS</i> )	(b)		(Note: N	K Tal dress of limite MAY BE POS	ed liability of	
3. 5. (a)	David L Hoffman Registered Agent and Registered Office shown on  6417 Bridgecres+ 7	ida the records of the	4.	-17	OOO Docume	1550 ent number		
(b)	Registered Office Address (MUST BE FLORE  Lithia  David Hoffman  Enter name of NEW Registered Agent and/or NE  310 Hawk Talo	TA STREET AL	339	547 ess:	- - -			2 D
	NEW Registered Office Address:  Lithia	, FL_		547	-		<i>*</i>	3
the cha agent v was/w the art	limited liability company is not organized using or changes are made, the Florida stree will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the icles of organization or the operating agreement of a member of a uthorized representative of a member of a membe	at address of the dalimited liable members of the li	ne registe ility con the limit mited lia	ered office pany, it is ed liability bility con	e and the s hereby y compai npany.	business o	ffice of the that the conerwise pr	e registered hange(s)
provisi the obj to mer notified	by accept the appointment as registered as ions of all statutes relative to the proper all ligations of my position as registered agenely reflect a change in the registered officed in writing of this change.	gent and agree nd complete p t as provided address, I he	e to act is	n this cape	acitv. I t	further agre	ee to com	ply with the and accept being filed has been

### Electronic Articles of Organization For Florida Limited Liability Company

L17000155025 FILED 8:00 AM July 19, 2017 Sec. Of State nccooper

#### Article I

The name of the Limited Liability Company is:
THE GOOD CAR WASH LLC

#### Article II

The street address of the principal office of the Limited Liability Company is:

5603 LITHIA PINECREST ROAD LITHIA, FL. US 33547

The mailing address of the Limited Liability Company is:

5603 LITHIA PINECREST ROAD LITHIA, FL. US 33547

#### **Article III**

The name and Florida street address of the registered agent is:

DAVID LAOFEMAN

310 Hawk Talon Dr

DAVID L HOFFMAN 6417 BRIDGECREST DR LITHIA, FL. 33547

Lithia Florida 33547

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DAVID HOFFMAN

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR CHARLOTTE L HOFFMAN 8137 SUGARBUSH DR SPRING HILL, FL. 33547 US L17000155025 FILED 8:00 AM July 19, 2017 Sec. Of State nccooper

#### **Article V**

The effective date for this Limited Liability Company shall be:

07/12/2017

Signature of member or an authorized representative

Electronic Signature: DAVID HOFFMAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.