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(Re	questor's Name)	
(Ad	dress)	·
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: King Auto Soles of Lakeland LC 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:							
Jenni Ger Wheeler Name of Person							
King Audo Sales of labelend FULLC Firm/Company							
P. O Boy 1413 Address							
Eaden Penh FL 33840 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Jennifer Cheele at (863) 581 6646 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:							
S25 Filing Fee S55 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.

I. Na	ime of the limited liability company: \underline{k}	Sof Ani	0 20rg	w ch	Labelon	4 ELC	\ <u></u> -
2. (a)	529 5 Comber Ra	کیرے	(b)	90 B	irl had	3	
. (,	Principal office address of limited liabil		. (*)		ling address of limited		
	(Note: MUST BE STREET ADI	ORESS)	_		Note: MAY BE POST	C ,	
	Labeland 1-L	3 3801		<u>zatu</u>	rout	1-6	
					3	0 Y 8E	
	2-2-17			L171	2001649	348	· <u> </u>
3.	Date of filing/registration in F	lorida	4.	Do	ocument number		
5. (a)	JenniCer Whee	<u>l</u>					
	Registered Agent and Registered Office shown	on the records of the	: Florida Dep	ot, of State:			
	1335 Vinginie 87						
	Registered Office Address (MUST BE FLO	<u>RIDA STREET AD</u>	<u>(DRESS)</u>				
				 		里 古	
	Mulber	, FL	335	<u>Ce 0</u>		61.51.0 SC	77
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(b)	Enter name of <u>NEW Registered Agent</u> and/or]	NEW Registered O	ffice address			0	11
		`				17 OCT -4 PH 2:54	C
	529 S Combre R	<u> </u>				<u> </u>	
	NEW Registered Office Address:					4.	
							
	Laheland	77.1	338	(0)			
	<u>Caucare</u>	, FL	<u> </u>				
	imited liability company is not organize inge or changes are made, the Florida sti						
agent v	will be identical. Or, in the case of a Florer authorized by an affirmative vote of	rida limited liab	ility compa	any, it is ho	ereby confirmed th	at the change(s	s)
	cles of organization or the operating agi					iwise provided	111
				Sen	v: (Le Whe- inted or typed name of	<u>ele</u>	
_	ture of a member or authorized representative of				• •	-	
l herel provisi	by accept the appointment as registered ons of all statutes relative to the proper	agent and agree and complete pe	r to act in t erformance	this capacit e of my dut	tv. I further agree ies, and I am fami	to comply with liar with and a	i the ccept
to mere	ons of all statutes relative to the proper igations of my position as registered ag ely reflect a change in the registered off I in writing of this change.	ice address, I he	rehy confii	rm that the	.s. Or, ij trus aoci limited liability co	ompany has bei	mea en
шине	t in writing of this change.						
Šignatu	re of Registered Agent						