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(Requ	estor's Name)		
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PICK-UP	MAIT WAIT	MAIL	
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(Docu	ment Number)		
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COVER LETTER

TO: Registration Section Division of Corporations			
Change Address	Valet Parking 4 You 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:		
lvan Alva			
Name of Person			
Valet Parking 4 You LLC			
Firm/Company			
7700 SW 104 ST			
Address			
Miami, Florida, 33156			
City/State and Zip Cod	÷ e 		
info@valetparking4you.com			
E-mail address: (to be used for future	annual report notification)		
For further information concerning this mat	 ter, please cull: 		
Ivan Alva	678 471-3401		
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 follow	ing amount:		
☐ \$25 Filing Fee	☑ \$55 Filing Fee & Certified Copy		
NHS18 (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.

l. Na	ame of the limited liability company:	Valet Parking 4 You LLC		
2. (a)	7700 SW 104 ST Miami Florid	a 33156	(b) 4870 DEER LAKE DRIVE #2204	
. (11)	Principal office address of limited h (<u>Note: MUST BE STREET</u>		FL, 332	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		-		
	August 18 2017	1	L170001	76809
i. 5. (a)	Date of filing/registration in Ivan Alva	Florida	4.	Document number
. (4)	Registered Agent and Registered Office sho 7700 SW 104 ST Miami Fl 33		ne Florida Dept. of Sta	
	Registered Office Address (MUST BE F	LORIDA STREET A	DDRESS)	1 SEP
		, FL_		- 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(b)	Enter name of <u>NEW Registered Agent</u> and 4870 DEER LAKE DRIVE # 2		Office address:	2011 SEP 13 PK 1:53
	NEW Registered Office Address:			_
	Jacksonville	FL	332246	_
he cha igent v vas/wo	inge or changes are made, the Florida will be identical. Or, in the case of a	street address of t Florida limited liab of the members of	the registered offic bility company, it I the limited liabili	lorida, it is hereby confirmed that after the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
	b		Ivan Alva	
l herei provisi he obl o mere potified	ture of a member or authorized representative by accept the appointment as register ions of all statutes relative to the profigations of my position as registered ely reflect a change in the registered d in writing of this change.	 red agent and agre	re to act in this cap performance of my for in Chapter 60 ereby confirm that	Printed or typed name of signee pacity. I further agree to comply with the pacity, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
ngnatt	actor registered regent			