117000213877

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JAN O DITE PARRIS

COVER LETTER

	Registration Section Division of Corporations						
SUBJECT	Landmark Auto Sales LLC.						
	f 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:							
<u>A</u>	Name of Person						
Landmark Auto Sales LLC.							
	Firm/Company						
2617 Cedar Bluff Ln							
	Address						
OCOEE	FL 34761						
	City/State and Zip Code						
landmar	landmarkautosalesllc@gmail.com						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Alex Morales 407-505-8349							
	Name of Person	Area Code & Daytime Telephone Number					
Re Di CI 26	FREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
E	Enclosed is a check for the following amount:						
Þ	\$25 Filing Fee	□ \$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.	Na	me of the limited liability company:	Auto Sales	SELU.
2.	(a)		(b	
	(, .	Principal office address of limited liability company:	· ·	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS) 3804 N ORANGE BLOSSOM TRAIL F9		(Note: MAY BE POST OFFICE BOX) 3804 N ORANGE BLOSSOM TRAIL F9
		ORLANDO FL 32804		ORLANDO FL 32804
		10/10/17		L17000213877
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	ALEX MORALES JR		
	(-)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	220
		2617 Cedar Bluff Ln	I ADDRESS	: On On
		OCOEE	_{FL} 34761	
				•
	(b)	Enter name of NEW Registered Agent and/or NEW Register		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office add	lress:
				$\widetilde{\omega}$
		NEW Registered Office Address:		
		2360 CLARK ST A6		
		АРОРКА	FL 32703	
the age	char ent w s/we	mited liability company is not organized under the	laws of the of the regis l liability co s of the lim	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
		114/11-		Alex Mordles
		use of a member or authorized representative of a member		Printed or typed name of signee
I f pro the to no	tereb ovisio obli mere tified	y accept the appointment as registered agent and completes of all statutes relative to the proper and complete gations of my position as registered agent as provity reflect a change in the registered office address, in writing of this change.	agree to act ele performe ded for in C I hereby co	in this capacity. I further agree to comply with the tnce of my duties, and I am familiar with and accept chapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been
Sig	gnatur	e of Registered Agent		