117000) 224487

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

Office Use Only



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COVER LETTER

Division of Corporations	`	
Jessie's Auto Care LLC SUBJECT:		
	e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for fil	ing.
Please return all correspondence concerning thi	s matter to the following:	
Jessica Mirabal		
Name of Person		
Jessie's Auto Care LLC		
Firm/Company		
1770 W 40 St Unit #2		
Address		
Hialeah, Fl 33012		2818
City/State and Zip Code		2818 NOV 1 9
jessyautocare@gmail.com		
E-mail address: (to be used for future ann	ual report notification)	
For further information concerning this matter.	please call:	
Jessica Mirabal	786 567-1114	
Name of Person	Area Code & Daytime T	elephone 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:	
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified C	ору

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.

~~	of the limited liability company:	o Care Ll	
96 a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·I (b)	1770 W 40th St Unit #2 Hialeah, Fl 33 b)
 10)/30/2017	<u> </u>	L17000224487
	Date of filing/registration in Florida odolfo Alejandro Mejia	4.	Document number
a) Reg	gistered Agent and Registered Office shown on the records of	of the Florida	a Dept. of State:
	gistered Office Address (MUST BE FLORIDA STREET 605 NW 79th Ave	TADDRESS)	57
H	ialeah Gardens . F	33016 L	
o)			ZOID HOV
	er name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> essica Mirabal	ed Office add	ldress:
	W Registered Office Address:		
_	770 W 40 St Unit #2	 	
Hi 	ialeah F	33012 L	
hange t will l were a	ted liability company is not organized under the last or changes are made, the Florida street address of be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of the	of the regist liability con s of the limi se limited li	stered office and the business office of the regis ompany, it is hereby confirmed that the change(nited liability company or as otherwise provided
nature (of a member or authorized representative of a member		Printed or typed name of signee

FILING FEE: \$25.00