## 47000229124

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| PICK-UP                   | MAIT WAIT         | MAIL        |
| (But                      | siness Entity Nai | me)         |
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| Certified Copies          | Certificate       | s of Status |
| Special Instructions to F | Filing Officer:   |             |
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Office Use Only



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## **COVER LETTER**

| то:    | Registration Section Division of Corporations  | •   |
|--------|--|---|
| SHRI   | ANDRADE TIRE SERVICES,   | LLC   |
| 3000   |  | of Limited Liability Company  |
| Dear ! | Sir or Madam:  |   |
| The e  | nclosed Registered Agent/Registered Office   | e Change and fee(s) are submitted for filing.   |
| Please | e return all correspondence concerning this t  | matter to the following:  |
|        |  |   |
| Andr   | rade Aguado, Carlos A  | · 1   |
|        | Name of Person   | 72  |
| AND    | RADE TIRE SERVICES, LLC  |   |
|        | Firm/Company   | ى<br>ت  |
| 72 W   | V 21 STREET  | ;•  |
|        | Address  |   |
| HIAL   | EAH, FL 33010  |   |
|        | City/State and Zip Code  | <del></del>   |
| andr   | adetires@gmail.com   |   |
| -      | E-mail address: (to be used for future annua   | al report notification)   |
| For fu | orther information concerning this matter, pl  | dease call:   |
| Andr   | rade Aguado, Carlos A  | 305 842 9566  |
|        | 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 ar   | mount:  |
|        | <b>☑</b> \$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.

| ame of the limited liability compar<br>72 W 21 STREET, HIALEAR                   | =               | (b) 7              | 2 W 21 STREET, I | HIALEAH, FL 3301                                  |
|--|-----------------|--------------------|------------------|---|
| Principal office address of limite<br>( <i>Note: MUST BE STREI</i>               |                 |                    | -                | f limited liability company<br>E POST OFFICE BOX) |
| 11/06/2017   |                 | <del></del> . —    | 7000229124       |   |
| Date of filing/registratio   | n in Florida    | 4.                 | Document nu      | mber  |
| ANDRADE, CARLA C  Registered Agent and Registered Office                         |                 |                    | <del></del>      |   |
| Revistered Office Address GMUST B  | E FLORIDA STREE | T ADDRESS)         |                  | <del>ارغ</del> .                                  |
| 72 W 21 STREET HIALEAH ANDRADE AGUADO, CAR                                       |                 | raddressi<br>33010 |                  |   |
| 72 W 21 STREET   | LOS A           | 33010              | Σ:               |   |
| 72 W 21 STREET  HIALEAH  ANDRADE AGUADO, CAR                                     | LOS A           | 33010              | <u></u>          | 2 7 H 38  |
| 72 W 21 STREET  HIALEAH  ANDRADE AGUADO, CAR  Enter name of NEW Registered Agent | LOS A           | 33010              | <u></u>          | 2 7 H 38  |

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

ANDRADE, CARLA A Printed or typed name of signee Signature of a member or authorized representative of a member

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent