

L1700023SS89

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

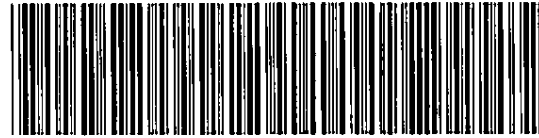
(Business Entity Name)

(Document Number)

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2019 MAY 31 A 6:01
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXTASE AUTO 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:

Rodney Ekeh
Name of Person

EXTASE AUTO LLC
Firm/Company

540 N. state Rd. Suite 11B
Address

Altamonte Springs, FL 32714.
City/State and Zip Code

extaseauto1@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodney Ekeh at (407) 405 5257 / 407 702 0227
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:

☒ \$25 Filing Fee

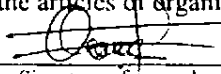
☐ \$55 Filing Fee & Certified Copy

**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.

1. Name of the limited liability company: EXTASE AUTO L.L.C
2. (a) 540 N. State Road 434, Suite 11B (b) 540 N. State Road 434
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Altamonte Springs Suite 11B
FL, 32714 Altamonte Springs
11/14/2017 FL, 32714
3. Date of filing/registration in Florida 4. Document number
5. (a) RODNEY EKEH
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3190 Dante Dr.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Apt. 301
Orlando FL, 32835
- (b) Shiwubun Wuwih Abimeh
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
540 North State Road,
NEW Registered Office Address:
Suite 11B
Altamonte Springs, FL 32714

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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.

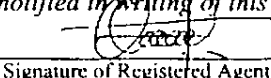


Signature of a member or authorized representative of a member

Rodney Ekeh

Printed or typed name of signee

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