L17000254153

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





100349319221

06/30/20--01009--028 **125.00

FILED
2020 JUN 29 AM 10: 42
SECRETARY OF STATE

D. BRUCE AUG 15 2020

4 COVER LETTER

TO: Registration Section Division of Corporations			
REMYFORD AUTO SALES, L SUBJECT:	LC		
	Name of Limited Lia	bility Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and f	ee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the fo	dlowing:	
Wesley T. Dunaway, Esq.			
Name of Person		_	
Kovar Law Group			
Firm/Company		-	
618 E. South St., Ste. 500			
Address		_	
Orlando, FL 32801			2020 SEC TA
City/State and Zip Coo	de	_	2020 JUN 29 AH 10: 42 SECRETANT OF STATE TALLAHASSEE, FL
E-mail address: (to be used for future	annual report notific	ation)	9 AHI
For further information concerning this ma-	tter, please call:) IAII
Wesley T. Dunaway	407 at (603-6652	P1 N
Name of Person	at (Area Code & Daytime Telep	hone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	
Enclosed is a check for the follow	ring amount:		
■ \$25 Filing Fee	□ \$5:	5 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. 1	Name of the limited liability company: REMYFORD AU	JTO SALE	ES, LLC				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
3.	Date of filing/registration in Florida The Pullwark Law Course		L17000254	153 Document nun	nber		
5. (a	The Bullwark Law Group Registered Agent and Registered Office shown on the records of the Florida Dept. of State 15167 US 331 Business Route Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			te:			
(b	Freeport, FI			_	SECRE!	2020 JUN 29	, projection of the second
(5)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Kovar Law Group <u>NEW</u> Registered Office Address: 618 E. South St., Ste. 500	i Office add	dress:	_		129 AM 10: 42	
	Orlando FI	32801		_	1 17	N	
changagent was/v the au	e limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liewere authorized by an affirmative vote of the members or ticles of organization or the operating agreement of the supplier M. Rotherford.	registere ability cor of the limi limited li	d office an mpany, it i ited liabilit ability con	nd the business of s hereby confirmally ty company or a	office of the ned that the s otherwis	ie regis ne char se prov	stered nge(s) rided in
Sign I her provi the of to me notifi wa ra	nature of a member or authorized representative of a member reby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. It is writing of this change.	ree to act performa d for in C herehy co	in this cap nce of my hapter 602 nfirm that	Printed or typed in acity. I further duties, and I am 5, F.S. Or, if this the limited liabi	avree to c	omnly	with the nd accept sing filed s been
Signa	ture of Registered Agent						