

218000000 4710

(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:

Office Use Only



200318401252

09/19/18--01011--001 **25.00

FILED
18 SEP 18 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
SEP 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCE MOTOR GROUP ENTERPRISES 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:

DIANKO GIL
Name of Person

ADVANCE MOTOR GROUP ENTERPRISES LLC
Firm/Company

9695 NW 79 AVE BAY # 34-35
Address

HIALAEK GARDENS FL. 33016
City/State and Zip Code

ADVANCEMOTORGROUP7804@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANKO GIL at (786) 416-2643
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: ADVANCE MOTOR GROUP ENTERPRISES LLC

2. (a) 9695 NW 79 AVE BAY # 34-35 (b) 9695 NW 79 AVE BAY # 34-35
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
HALEAN GARDENS FL. 33016 HALEAN GARDENS FL. 33016

3. 01-05-2012 4. L12000004710
 Date of filing/registration in Florida Document number

5. (a) MARIO CARRILLO
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
9695 NW 79 AVE BAY # 34-35
HALEAN GARDENS FL. FL. 33016

FILED
 18 SEP 18 AM 9:05
 TALLAHASSEE, FLORIDA
 STATE DEPARTMENT OF REVENUE

(b) DIANCO GIL
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
9695 NW 79 AVE BAY # 34-35
 NEW Registered Office Address:
HALEAN GARDENS FL.
[Signature] FL. 33016

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] Signature of a member or authorized representative of a member MARIO CARRILLO 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]
 Signature of Registered Agent