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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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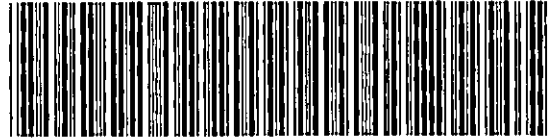
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: CARS FROM 1K PLUS, 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:

KIRAN KARRAN
Name of Person

CARS FROM 1K PLUS, LLC
Firm/Company

1550 SAGEBROOK COURT
Address

OLDFE FL 34761
City/State and Zip Code

Sa. Kiran77@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIRAN KARRAN at (407) 580-2153
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: CARS FROM 1K PLUS LLC
2. (a) 6160 Edgewater Drive SUITE E (b) 1550 SAGEBROOK CT
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- ORLANDO OLCEE
FL 32810 FL 34761

3. January 22, 2018 4. L18000019304
Date of filing/registration in Florida Document number

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

6160 EDGEWATER DRIVE SUITE E
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO FL 32810

- (b) KAMLA LEVASSEUR
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

FL

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.

Kiran Karan
Signature of a member or authorized representative of a member

KIRAN KARRAN
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.

Kamla Levasseur
Signature of Registered Agent