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COVER LETTER

TQ:	Registration Section Division of Corporations			
SUBJE	AUTO BOTS, LLC			
501501		Limited Liability Company		
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning this n	atter to the following:		
Perikl	les Sederopoulos			
	Name of Person			
Auto	Bots, LLC			
	Firm/Company			
540 N	N. State Road 434, Suite 56			
	Address			
Altam	nonte Springs, FL 32714			
	City/State and Zip Code			
peri.s	ed@hotmail.com			
E	-mail address: (to be used for future annual	report notification)		
For fur	ther information concerning this matter, ple	ase call:		
Peri S	Sederopoulos	678 520-2263		
	Name of Person	Area Code & Daytime Telepho	ne 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		
INHS18	8 (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

· · · · · · · · · · · · · · · · · · ·	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite #56 Altamonte Springs, FL 32714 March 5, 2018 Date of filing/registration in Florida Mr Peri P Sederopoulos Mailing address of limited liability company: (Note: MAY BE PC) (Note: May B	
Altamonte Springs, FL 32714 March 5, 2018 Date of filing/registration in Florida Mr Peri P Sederopoulos L18000057180 Document numbers Mr Peri P Sederopoulos	ited liability company: OST OFFICE BOX)
March 5, 2018 Date of filing/registration in Florida Mr Peri P Sederopoulos L18000057180 Document numbers Mr Peri P Sederopoulos	
3. Date of filing/registration in Florida 4. Document number 5.(a) Mr Peri P Sederopoulos	<u> </u>
5.(a) Mr Peri P Sederopoulos	
O(a)	er
2078 Apopka Blvd	. -4
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite B	· · · · · · · · · · · · · · · · · · ·
Apopka, FL_32703	新 東 TLED
(b) Peri Sederopoulos	LED HZ 42
Enter name of NEW Registered Agent and/or NEW Registered Office address: 540 N State Road 434	2 → 2
NEW Registered Office Address:	
Suite #56	
Altamonte Springs	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby the change or changes are made, the Florida street address of the registered office and the business agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirme was/were authorized by an affirmative vote of the members of the limited liability company or as of the articles of organization or the operating agreement of the limited liability company.	office of the registered of that the change(s)
Perikles Sederopoulos Signature of a member or authorized representative of a member Printed or typed name of the sederopoulos of a member of a memb	
Signature of a member or authorized representative of a member Printed or typed nan I hereby accept the appointment as registered agent and agree to act in this capacity. I further agent	-

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