

L18000068517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

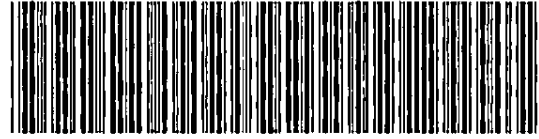
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

R. WHITE  
JAN 10 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

*Mailed  
1/8/18  
w/ check  
25.00*

SUBJECT: Cartright Auto Sales 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:

Sandra Perry  
Name of Person

Cartright Auto Sales LLC  
Firm/Company

3100 Hartford St. N. #114  
Address

St Petersburg FL 33713  
City/State and Zip Code

CARHAULER5620@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Perry at (727) 360-2022  
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

*Please remove my name, Sandra Perry, or any and all*

**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: Cartwright Auto Sales LLC

2. (a) 5620 CR 631 C Bushnell FL 33513 (b) SAME  
 Principal office address of limited liability company: 33513 Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 3-15-18 Date of filing/registration in Florida 4. L180000685/H Document number

5. (a) Sandra Perry  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3100 HARTFORD ST. N. #114 ST. PETERSBURG FL 33713  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

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 TALLAHASSEE, FL

\_\_\_\_\_, FL \_\_\_\_\_

(b) Kyle Martin 5620-CR 631C Bushnell FL 33513  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5620 CR 631C Bushnell FL 33513  
**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.

Sandra Perry Signature of a member or authorized representative of a member  
SAUDRA PERRY Printed or typed name of signer

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.

Kyle Martin  
 Signature of Registered Agent