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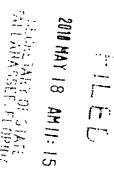
(Reque	estor's Name)						
(Address)							
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(City/S	tate/Zip/Phone #)						
PICK-UP	WAIT	MAIL					
(Busine	ess Entity Name)						
(Document Number)							
Certified Copies	Certificates of	Status					
Special Instructions to Filir	ng Officer:						

Office Use Only



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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations					
SUBJECT:	PARTS CHEETAH LLC					
oobole1.	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.				
Please return	all correspondence concerning this matter	er to the following:				
Robert Aud	dette					
	Name of Person					
import sale	es of ake county,llc					
	Firm/Company					
9039 us hv	vy 441					
	Address					
leesburg fl	3478					
	City/State and Zip Code					
raudette@l	billbryanautos.com					
E-mail a	address: (to be used for future annual repo	ort notification)				
For further in	formation concerning this matter, please	call:				
Robert Aud	lette 3	352 615-137 1				
	Name of Person	Area Code & Daytime Telephone Number				
Regis Divisi Clifto 2661	etr/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclo	osed is a check for the following amoun	ıt:				
□ \$25	5 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.

2. (a)	2880 david walker dr hwy 441 eusstis fl 32726	6	(b)	2880	david walker dr hv	vy 441	eustis	fl 32
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limite (Note: MAY BE POS			
		_					-	
	05/10/2018		j.	18000	117963			
3.	Date of filing/registration in Florida	4.			Document number			
5. (a)	ADAMS, AARON							
3. (u)	Registered Agent and Registered Office shown on the records of the	ne Flor	ida I	Dept. of S	State:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	(2.2)			- 22	2	
	9039 US HWY 441	<u> </u>	<u></u>			71 A	2010 MAY	,
	EUSTIS ,FL	3478	8			HASS	AY 18	
(b)	ROBERT AUDETTE			·-				<u> </u>
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office	addı	ress:		1 0 RI	AH II: 15	こ
	9039 US HWY 441 LEESBURG FL 34788					5.	S	
	NEW Registered Office Address:				<u> </u>			
	9039 US HWY 441							
	EUSTIS .FL3	3478	8					
the cha agent was/we the arti	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cless of organization or the operating agreement of the li	he re pility the l	gist con imit	ered off npany, i ed liabi	ice and the business on the is hereby confirmed lity company or as other.	ffice of t	he regi change	stered (s)
</td <td>29G ()</td> <td>R</td> <td>obe</td> <td>ert Auc</td> <td>lette</td> <td></td> <td></td> <td></td>	29G ()	R	obe	ert Auc	lette			
Signat	ure of a member or authorized representative of a member				Printed or typed name	of signee		
provisi the obli to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he fix writing of this change.	e to a erfor for in ereby	nct i mar 1 Cl cor	n this c nce of n napter b nfirm th	apacity. I further agre sy duties, and I am fam 105, F.S. Or, if this do at the limited liability	e to com iliar wii cument i company	iply wi th and c s being v has b	th the accept g filed een

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00