## L15CCC 167C15

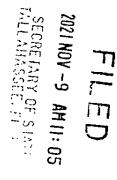
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Linky Hume)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
DEC - 2 2021
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
EAST FLORIDA MOTORS. LLC SUBJECT:	
**************************************	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
BETH A BAXTER	
Name of Person	
ERDMAN AUTOMOTIVE	
Firm/Company	<del> </del>
4650 HIGHWAY 520	
Address	<del></del>
COCOA, FL 32926	
City/State and Zip Code	<del></del>
BBAXTER@MIKEERDMANMOTORS.COM	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	se call:
BETH A BAXTER	321 453-1313
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	unt:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (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.

(a)	4650 HIGHWAY 520	(b) <sup>4(</sup>	550 HIGHWAY 520
(ω)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(%)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	COCOA, FL 32926	<u>C</u>	DCOA, FL 32926
	07/11/2018	L18	000167018
	Date of filing/registration in Florida	4.	Document number
(a)	HOWARD M SWERBILOW		
(4)	Registered Agent and Registered Office shown on the records of 600 FLORIDA AVE	the Florida Dep	ot. of State:
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	<del></del>
	SUITE 104		, _
	COCOA , FL	32922	2021
(b) _	BETH A BAXTER		2021 NOV -9 SECRETARY TALLAHASS
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<del>بالمس</del> نة يريا	
	4650 HIGHWAY 520		OF STATE
	NEW Registered Office Address:		· 05
	COCOA . FL	32926	
ige it w 'we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered of ability compa of the limited limited liabil	ffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
		MICHA.	EL H ERDMAN, PRESIDENT OF EAST FLORIDA  Printed or typed name of signee MOTOR SAL

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Signature of Registered Agent

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.