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Certificates o	of Status		
Special Instructions to Filing Officer:			
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Office Use Only



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## **COVER LETTER**

Division of Corporations		
Automotive Calibration Expe	rts, LLC	
	e of Limited Lia	ibility Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and t	fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the f	ollowing:
Elizabeth Bondar		
Name of Person		_
Automotive Calibration Experts, LLC		
Firm/Company		_
4280 Church St Ste 1500		
Address		_
Sanford, FL 32771		
City/State and Zip Code	**- **-	18-44
Liz@myglassisbroken.com		
E-mail address: (to be used for future annu	ual report notifi	cation)
For further information concerning this matter.	please call:	
Elizabeth Bondar	407	574-4944
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	Reg Div P.O	AILING ADDRESS: gistration Section rision of Corporations b. Box 6327 lahassee, Florida 32314
Enclosed is a check for the following	атоилі:	
☑ \$25 Filing Fee	Q \$5	5 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.

. Na	une of the limited liability company:  Automotive C	Calibration Experts, LLC
!. (a)	Automotive Calibration Experts, LLC	(b) Automotive Calibration Experts, LLC
(11)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	4280 Church St Ste 1500	4280 Church St Ste 1500
	Sanford, FL 32771	Sanford, FL 32771
	07/31/2018	L18000183627
i.	Date of filing/registration in Florida	4. Document number
i. (a)	Elizabeth Bondar	
'. (a)	Registered Agent and Registered Office shown on the records of	if the Florida Dept. of State:
	Automotive Calibration Experts, LLC	
	Registered Office Address (MUST BE FLORIDA STREET)	"ADDRESS)
	1372 N Goldenrod Rd Suite 22	<b>62</b>
	Orlando	32807 TALLAHAS
(b)	Elizabeth Bondar	Sed Office address:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address: SS S → TT
	Automotive Calibration Experts, LLC	ed Office address:  SSEE, FL
	NEW Registered Office Address:	rri 7
	4280 Church St Ste 1500	
	Sanford , FL	1_32771
he cha igent v was/we he arti	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the register liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company.  Elizabeth Bondar, AMBR  Printed or typed name of signee
provisi he obi to mer	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide	gree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and acceled for in Chapter 605, F.S. Or, if this document is being file I hereby confirm that the limited liability company has been

Signature of Registered Agent