

L18000191892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

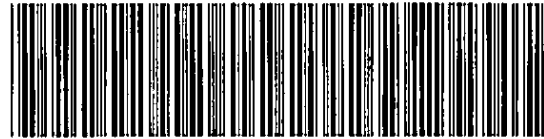
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Auto Interior Restoration 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:

Dana Moyster

Name of Person

Auto Interior Restoration LLC

Firm/Company

4005 NE 17th Ave

Address

Cape Coral, FL 33909

City/State and Zip Code

checkdana@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana Moyster

941

999-0089

at (_____) _____

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 amount:

☒ \$25 Filing Fee

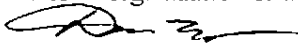
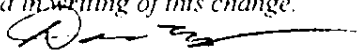
☐ \$55 Filing Fee & Certified Copy

**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.

1. Name of the limited liability company: <u>Auto Interior Restoration LLC</u>	
2. (a) <u>Auto Interior Restoration LLC</u> Principal office address of limited liability company: <u>(Note: MUST BE STREET ADDRESS)</u> <u>4005 NE 17th Ave</u> <u>Cape Coral, FL 33909</u>	(b) <u>Auto Interior Restoration LLC</u> Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BOX)</u> <u>4005 NE 17th Ave</u> <u>Cape Coral, FL 33909</u>
3. <u>08/10/2018</u> <u>10-9-20</u> Date of filing/registration in Florida	4. <u>L18000191892</u> Document number
5. (a) <u>LegalInc Corporation Services Inc.</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>5237 Summerlin Commons</u> Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> <u>Suite 400</u> <u>Fort Myers</u> , FL <u>33907</u>	
(b) <u>Dana Moyster</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>Dana Moyster</u> <u>NEW Registered Office Address:</u> <u>4005 NE 17th Ave</u> <u>Cape Coral</u> , FL <u>33909</u>	

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.

 _____ Signature of a member or authorized representative of a member	Dana Moyster _____ Printed or typed name of signer
<p><i>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.</i></p> <p> _____ Signature of Registered Agent</p>	