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| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

TO:

Registration Section
Division of Corporations

Levan Automotive SUBJECT: 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: Silvia Cobas Name of Person Levan Automotive Firm/Company 8340 Ulmerton Rd Unit 302 Address Largo, FL 33778 City/State and Zip Code levanautomotive@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 902-6292 Silvia Cobas Area Code & Daytime Telephone Number Name of Person **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$55 Filing Fee & Certified Copy **☑** \$25 Filing Fee 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 compansubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| Na | ame of the limited liability company:LEVAN AUTOM | J11VE LLC | ' | | |
|------------------|--|---|---|--|--|
| (a) | 8340 Ulmerton Rd Unit 302 | (b | 8340 U | lmerton Rd Unit 302 | |
| (α) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Largo, FL 33778 | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | | | Largo, FL 33778 | | |
| | 09/25/2018 | | L180002 | 28084 | |
| | Date of filing/registration in Florida | 4. | · | Document number | |
| (-) | Harry Levan | | | | |
| (b) | Registered Agent and Registered Office shown on the records of | te: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5 Jeff Rd | | | 2019 S | |
| | Largo | 33774 | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | 1 Office ad | dress' | - 3 MH 10: 48 | |
| | Silvia Cobas | 3 (7111CL 110) | | 8.7 | |
| | NEW Registered Office Address: | | | _ | |
| | 8430 Ulmerton Rd Unit 302 | | | _ | |
| | Largo, FI | 33778 | | _ | |
| gent vas/wie art | imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the dure of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide liv reflect a change in the registered office address. I | f the regis iability co of the lim e limited l | stered offic ompany, it lited liabilitiability con | the and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Harry (Classes) Printed or typed name of signce | |