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## COVER LETTER

Registration Section	
Division of Corporations	, <b>"</b>
ECT: Drive Colohal LLC	
Name of Limited L	jability Company
	and they company
ir or Madam:	
closed Registered Agent/Registered Office Change and	I.C. (A
orosed Registered Agents Registered Office Change and	rec(s) are submitted for filing.
return all correspondence concerning this matter to the	following:
Lameron Joshinan	
Name of Person	
Drive Colobal LLC	
Firm/Company	<del></del>
· · ·	
53 Lake ariella Ct	
Address	
h L. Ft 72672	
uburnelale, FL 33823 City/State and Zip Code	<del></del>
City/state and Zip Code	
mail address: (to be used for future annual report notifi	cation)
	,
her information concerning this matter, please call:	
Name of Person at (563	<u>) (22-1-1426</u>
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Stuart Address.
Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\$25 Filing Fee	5 Filing Fee & Certified Copy
(2/14)	·

## LIMITED LIABILITY COMPANY

ant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company ts the following statement in order to change its registered office or registered agent, or both, in the State of Florida. ame of the limited liability company: Drive Clobal LLC Principal office address of limited liability company:

(b) 253 Lake Circletta Ct., Auburntale FL

Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 12/にくての以 Date of filing/registration in Florida 18000252740 Registered Agent and Registered Office shown on the records of the Florida Dept. of State: SS 75 S. Semoran Blyd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Enter name of NEW Registered Agent and/or NEW Registered Office address: nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) e authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in les of organization or the operating agreement of the limited liability company. Printed or typed name of signee re of a member or authorized representative of a member y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed y reflect a change in the registered office address. I hereby confirm that the limited liability company has been in writing of this change. of Registered Agent

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