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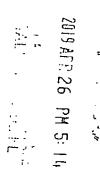
(Requestor's Name)				
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PICK-UP	MAIT	MAIL		
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COVER LETTER

Divis	sion of Corporations			
SUBJECT:	Juans Auto Consulting Services LLC			
	Name of Limited Liability Company			
Dear Sir or M	fadam:			
The enclosed	Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.	
Please return	all correspondence concerning this a	natter to the fo	llowing:	
Juan Gonz	alez			
	Name of Person			
Juans Auto	Consulting LLC			
	Firm/Company			
7402 Oxfor	rd Garden Circle			
	Address			
Apollo Bea	ch, FL 33572			
	City/State and Zip Code			
juangonzal	ezfdle@gmail.com			
E-mail a	address: (to be used for future annual	report notifica	tion)	
For further in	formation concerning this matter, ple	ease call:		
Juan Gonza		813 at (4198889	
	Name of Person	·	Area Code & Daytime Telephone Number	
Regis Divis: Clifto 2661	EET/COURIER ADDRESS: tration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	Regis Divis: P.O. I	tration Section ion of Corporations Box 6327 nassee, Florida 32314	
Enclo	osed is a check for the following an	iount:		
™ \$2:	5 Filing Fee	□ \$55 I	Filing Fee & Certified Copy	

TO:

Registration Section

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.

L. Na	ame of the limited liability company: Juans Auto Co	Consulting Services LLC
2. (a)	7402 Oxford Garden Circle	7402 Oxford Garden Circle
. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Apollo Beach, FL 33572	Apollo Beach, FL 33572
	1/1/2019	L19000010472
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Michael Chen	
	Registered Agent and Registered Office shown on the records of the	A Please remove MI ADDRESS) From records, July
	Registered Office Address (MUST BE FLORIDA STREET AL	IDDRESS)
	3014 Samara Dr	from Mords, only
	Tampa FL3	33618 Jun should be reg
(b)	Juan Gonzalez	33618 Jun should be seg
	Enter name of NEW Registered Agent and/or NEW Registered O	Office address:
		PH 5: 11
	NEW Registered Office Address:	
	7402 Oxford Garden Circle	
	Apollo Beach	33572
he cha gent w vas/we	nge or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab	rs of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ibility company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.
		Juan Gonzalez
	are of a member or authorized representative of a member	Printed or typed name of signee
rovisio le obli le mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pogations of my position as registered agent as provided for reflect a change in the registered office address. I he writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been
jenatur	of Registered Agent	
	Division of Corporations P.O. Bo	ox 6327 Tallahassee, FL 32314

FILING FEE: \$25.00