L19000010472

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
SUBJI	Juans Auto Consulting Ser	vices LLC			
5020.	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Of	fice Change and fe	e(s) are submitted for filing.		
Please	return all correspondence concerning th	nis matter to the fo	llowing:		
Juan	Gonzalez				
	Name of Person		-		
Juans	s Auto Consulting LLC				
	Firm/Company		•		
7402	Oxford Garden Circle				
	Address	-	•		
Apollo	Beach, FL 33572				
	City/State and Zip Code		-		
juang	onzalezfdle@gmail.com				
E	-mail address: (to be used for future and	nual report notifica	ition)		
For fur	ther information concerning this matter	, please call:			
Juan	Gonzalez	813	4198889		
	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	Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314		
	Enclosed is a check for the following	g 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.

	me of the limited liability company:	7.4	02 Oxford Garden Circle	
(a)	7402 Oxford Garden Circle	(b) <u>/4</u>	02 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	Ар	ollo Beach, FL 33572	
	1/1/2019	 L19	000010472	
	Date of filing/registration in Florida	4.	Document number	
	JUAN GONZALEZ			
(a)	Registered Agent and Registered Office shown on the records of	of the Florida Dep	i, of State:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	7402 OXFORD Cir.		FIL SECRLIARD CLIAHASSE	
	A BOLL O BEACH	_ +		
	, ,	FL		
(b)			1897	
1171				
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address		
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address	DA A	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> <u>NEW Registered Office Address:</u>	ed Office address		
(0)		ed Office address		
(0)	NEW Registered Office Address: 7402 Oxford Garden Circle	33572		
	NEW Registered Office Address: 7402 Oxford Garden Circle Apollo Beach	_{FL} 33572		
the l	NEW Registered Office Address: 7402 Oxford Garden Circle	FL 33572 laws of the Sta of the registere liability comp es of the limited he limited liab	ate of Florida, it is hereby confirmed that after ed office and the business office of the register rany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.	
the lecha continue of the cont	NEW Registered Office Address: 7402 Oxford Garden Circle Apollo Beach imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member	FL 33572 laws of the Sta of the registere liability comp es of the limited he limited liab	ate of Florida, it is hereby confirmed that after ed office and the business office of the register rany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	