

L19000035885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mikes Mobile Auto Repair 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:

AMBR Ashley Palacio  
Name of Person

Firm/Company

827 Delcino Avenue  
Address

Palm Bay FL 32909  
City/State and Zip Code

mikesmobileautorepair2018@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Stewart at (321) 914-7831  
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: Minies Mobile Auto Repair LLC

2. (a) 527 Delano Ave NW

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Palm Bay FL 32907

(b) P.O. Box 60447

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Palm Bay FL 32906

3. 2/13/2019  
Date of filing/registration in Florida

4. 619000035885  
Document number

5. (a) Ashley Palacio  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

527 Delano Ave NW  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Palm Bay FL 32907  
\_\_\_\_\_, FL \_\_\_\_\_

(b) Authorized Member Ashley Palacio  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

41660 Lipscomb St. NE  
**NEW Registered Office Address:**

Unit 60447  
Palm Bay, FL 32905

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]  
Signature of a member or authorized representative of a member

MICHAEL STEWART  
Printed or typed name of signer

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.

Amba Ashley Palacio  
Signature of Registered Agent

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