Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:							
10.	Division of Corporations						
	Fax Number : (850)617-6383						
From:	Account Name : REGISTERED AGENT	IS INC.					
Account Number : I20090000081							
	Phone : (307)200-2803 Fax Number : (855)330-1010						
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Corporate Filing Menu

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Electronic Filing Menu

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. Na	ame of the limited liability company: SIMPLE	CAR	SHIPF	PING LLC			
	7901 4th St N	71	(b) 7901 4th St N				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	''		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	STE 300	STE 300					
	St. Petersburg FL 33702	_	St. Peter	sburg FL 33702			
	02/25/2019		L190000)54748			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	LEVINE, ANDREW J						
J. (u)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	:: ::	<u>2</u> 0		
	14110 PACIFIC POINT PLACE				2019 HAR SECRET	~	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>5)</u>		至 第	- 7		
	101			22	EAS		
	DELRAY BEACH .FL	3348	4				
(b)	Registered Agents Inc.	<u>.</u>			9: 28 STATE 1 OPEN		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	ldress.		. n w		
	7901 4th St N						
	NEW Registered Office Address.			•			
	STE 300						
	St. PetersburgFL	3370	2				
the charagent was/w the art	imited liability company is not organized under the laying or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the little of a member or authorized representative of a member or authorized representative of a member of the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provide the profess of all statutes relative to the proper and complete ligations of my position as registered agent as provide the profess of all statutes relative to the proper and complete ligations of my position as registered agent as provide the profess of the	the regrability cof the lin limited Ril	istered office ompany, it is nited liability liability com ey Park	e and the business of shereby confirmed y company or as other pany. Printed or typed name occiny. I further gare	of signee	ed in	
порује	ely reflect a change in the registered office address, I discreting of this change. Bill Havre - Assistan			the limited liability	company has t	been	

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

Signature of Registered Agent