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MAY 1.1 2021 R. HUNT

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	Car Detail Guys, LLC		•
		Name of Limited	Liability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.
Please retu	rn all correspondence concerning	g this matter to the	e following:
Dr Jane Grig	āñz		
	Name of Person		<u> </u>
Property Bo	ss Clermont		
	Firm/Company		
1635 E Hwy	7 50 #102		
	Address		
Clermont, F	L 34711		1
	City/State and Zip Cod	le	
kevin@ktma	arketinggroup.com		
E-mai	l address: (to be used for future	annual report noti	fication)
For further	information concerning this mat	ter, please call:	
Kevin Wieht	tenduh!	515 at (321-6255
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the followi	ing amount:	
■ S	25 Filing Fee	□ s	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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:			
				CLERMONT, FL 34711		
	04/07/2020		I	.200000987	725	
	Date of filing/registration in Fiorida	— 4.	-		Document number	
(a)	REGISTERED AGENTS INC.				i de la companya de l	
(b)	Registered Agent and Registered Office shown on the records of 7901 4TH ST N STE 300 Registered Office Address (MUST BE FLORIDA STREET)			Dept. of State	- 3: -	
	ST PETERSRIPC	33702				
	Property Boss Clermont				THE MAR -	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	addr	ess:	55 % S	
	1635 E Hwy 50				- (c) - (c) - (c)	
	NEW Registered Office Address: #102				THE MAR - 1 PH 12:107	
	Clermont	34711				
ent wi s/wer artic ignaph	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia to authorized by an affirmative vote of the members of less of organization or the operating agreement of the law or amender or authorized representative of a member of all statutes relative to the proper and complete positions of my position as registered agent as provided to the proper and complete positions of my position as registered agent as provided to writing of this change.	bility of the li imited Ke	omposited some some some some some some some some	ornee and pany, it is led liability bility comp Wichtendah	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. If Printed or typed name of signee	