

L200000098TR

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

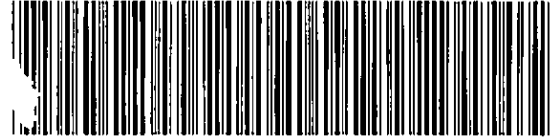
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Special Instructions to Filing Officer:

J. HORNE

MAY 10 2022

Office Use Only



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FILED  
RECEIVED  
2022 MAY -9 AM 9:07  
2022 MAY -9 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: 25.00  
AUTHORIZATION SIGNATURE: 

Virtus Auto Group, LLC  
BUSINESS ( Name) Document #

☐ Walk in ☐ Pick up time ☐  
☐ Mail out ☐ Will wait  
☐ Photocopy  
☐ Certified Copy (please stamp each page)  
☐ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTIL ( )                       
Country

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☒ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ **Conversion**

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC  
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TALLAHASSEE, FL 32309  
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(850) 524-624

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☐ Other

EXAMINER'S INITIALS:

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Virtus Auto Group 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:

Dana Angelino

\_\_\_\_\_  
Name of Person

Virtus Auto Group LLC

\_\_\_\_\_  
Firm/Company

4743 SW 51st

\_\_\_\_\_  
Address

davie fl 33314

\_\_\_\_\_  
City/State and Zip Code

virtusautomotivegroup@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana Angelino

9546614310

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

INHS18 (2/14)

**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: Virtus Auto Group LLC

2. (a) 4743 SW 51st Street Davie FL 33314

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) \_\_\_\_\_

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

05/01/2022

L20000098778

3. Date of filing/registration in Florida

4. \_\_\_\_\_

Document number

5. (a) Nicolas Gonzalez

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3862 Sheridan Street Ste A Hollywood FL 33021

Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_, FL \_\_\_\_\_

(b) Dana Angelino

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

4743 SW 51st Street Davie FL 33314

\_\_\_\_\_, FL \_\_\_\_\_

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

Dana Angelino

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.*

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA