L20000162804

(Requestor's Name)				
(Address)				
(
(Address)				
(Address)				
(City/State/Zip/Phone #)				
<u> </u>				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sasinoso Linky Hame)				
(Document Number)				
Certified Copies Certificates of Status				
[0				
Special Instructions to Filing Officer:				
limile				
UM:16				





900417506229

01/23/24--01026--009 **35.00

TALLAHASSE OF SASIE

COVER LETTER

Registration Section Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: Rollo Auto Solutions, 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:			
Name of Person			
Firm/Company			
13850 SW 143 Rd CT StE 15			
Mi Auri FL 33186 City/State and Zip Code			
Pollo Avroso Wtows Dam AL. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call: Name of Person Name of Person Name of Person Area Code & Daytime Telephone Number			
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, 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. Na	me of the limited liability company:	a Solutions, LLC
2. (a)	138505W143PLCT StEIS	(b) 13850 5W 143 RACT Ste 15
()	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	22100	22101
		22106
	06/12/2020	L20000162804
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Anxues Vollo De.	
	Registered Agent and Registered Office shown on the records of the Flor	rida Dept. of State:
	138505W143 Rel CT 5+	-E 15
	Registered Office Address (MUST BE FLORIDA STREET ADDRE	~ ~ ~ ~ ~
		SECRET JAN 33186
	MI Male ,FL 2	3318G E E
	Action Rollo Je.	\$50 C
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	address:
	100 C W 100 Rd ot	address: Sign Am 17 19 19 19 19 19 19 19 19 19 19 19 19 19
	1385030 193 - CL	<u> </u>
	NEW Registered Office Address:	
		·
	Misai FI T	33 186
		1 Con CD 11 11 11 1 Con Johns Sunsh
change	imited liability company is not organized under the laws of the orlchanges are made, the Florida street address of the registe	ered office and the business office of the registered
agent v	vill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the I	company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the limited	d liability company.
Sivna	ture of a member or authorized representative of a member	Printed or typed name of signer
Lbarn	by account the appointment as registered again and agree to a	act in this capacity. I further agree to comply with the
provisi the obl	ons of all statules relative to the proper and complete perforing tions of all statules relative to the proper and complete perforing tions of my position as registered agent as provided for it is reflect a change in the registered office address, I hereby it in writing of this change	mance of my duties, and I am familiar with that accept n Chapter 605, F.S. Or, if this document is being filed
to mere notified	refrect a change in the registered office address, I hereby this change	Confirm that the limited Habitity Company has over
Signatu	re of Registered Agent	
<u></u>	Division of Corporations • P.O. Box 63	327● Tallahassee, FL 32314
	FILING FEE: S	