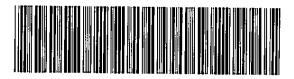
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Section Division of Corporations		
SUBJE	CLM Auto Brokers LLC		
		Name of Limited Li	ability Company
Dear Sir	or Madam:		
The encl	losed Registered Agent/Registered	Office Change and	ee(s) are submitted for filing.
Please re	eturn all correspondence concernin	g this matter to the f	ollowing:
Lonte M	cGowam		
	Name of Person		_
CLM Au	nto Brokers LLC		
	Firm/Company		_
851 NE	1st Ave, Unit 3110		
	Address		
Miami, I	FL 33132		
	City/State and Zip Co	de	
clmautol	brokers@gmail.com		
E-1	mail address: (to be used for future	annual report notifi	cation)
For furth	ner information concerning this ma	tter, please call:	
Lonte M	cGowan	786 at (209-4880
	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 follow	ving amount:	
	■ \$25 Filing Fee	□ \$5	5 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. N	lame of the limited liability company: CLM AUTO BE	ROKER	S LI	.C				·
2. (a)			/b	1				
2. (4.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(υ,	1	Mailing address of the	nited liabili	y comp	any:
	111 NE IST STREET, 8TH FLOOR			851 NE 1S	ST AVE, UNIT 311	_		_
	MIAMI, FL 33132			MIAMI, F	L 33132			
	07/15/2020		[.20 0002054	451			
3.	Date of filing/registration in Florida	4.	_		Document number	er		
5. (a	1							
(4)	Registered Agent and Registered Office shown on the records o MALGRE TOUT LLC	f the Flo	rida I	Dept, of State	_ e:			
	Registered Office Address	4DDRI	:SS)		_			
	5903 LONDON LANE							
	TAMARAC F	33321	<u>-</u> 		-	TAL SE	2021	
					-	LLAHASSEE, TLUP	AUG	71
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1 () 50		<u>. </u>	-	AS A	<u>.</u>	71
	And hanc of Man Registered Agent and of Arw Registere	<u>a Omçe</u>	100	ress'		- 23 - 23 - 24		T
	LONTE MCGOWAN					. TES	AM 9:	Ö
	NEW Registered Office Address:				•	문물	¥: 28	
	851 NE IST AVE, UNIT 3110						ထ	
	MIAMI FI	33132	!		•			
agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	ws of the register ability of the limited	he S ered com imit d lia	office and pany, it is ed liability	I the business of it hereby confirmed company or as o pany.	ce of the i	egiste	red
Signa	ture of a member or authorized representative of a member				Printed or typed nam	e of sienes		
I here provisi the obl to merc	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provideely reflect a change in the registered office address, I if in writing of this change.	ree to a perfori d for in hereby	ict ir man i Ch con,				ply w. h and s bein s has b	ith the accept g filed een
h	-if u							
Signatu	re of Registered Agent							