

L2 0000 2040 80

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

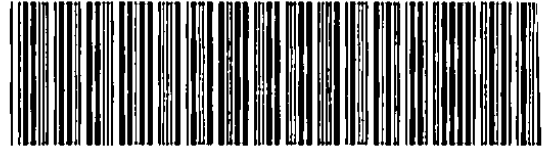
(Business Entity Name)

(Document Number)

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2022-11-7 PM 12:48  
CLERK OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S & B collision 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:

Stefany Diaz  
Name of Person

S & B collision LLC  
Firm/Company

4215 WALUA Street  
Address

Tampa FL 33614  
City/State and Zip Code

Snbcollision@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stefany Diaz at ( 813 ) 492-1412  
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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
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

1. Name of the limited liability company: S.E.B. Collision LLC

2. (a) 4215 W ALVA Street (b) 4215 W ALVA Street

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE)

TAMPA FL 33614

TAMPA FL 33611

3. 7/16/2022  
Date of filing/registration in Florida

4. L20000206080  
Document number

5. (a) Stefany Diaz  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4215 W ALVA Street

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33614

(b) Brian Guzman  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4215 W ALVA Street

NEW Registered Office Address:

TAMPA, FL 33614

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that 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 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.

Brian Guzman  
Signature of a member or authorized representative of a member

Brian Guzman  
Printed or typed name of signee

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 understand 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.

Brian Guzman  
Signature of Registered Agent

2022 NOV -7 PM 12:48  
CLERK OF STATE  
TALLAHASSEE, FL