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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)343-8880
Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: John.Adams@gray-robinson.com

LLC REGISTERED AGENT CHANGE WATERSIDE AUTOMOTIVE, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WATERSIDE AUTOMOTIVE, 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:

JOHN H. ADAMS

Name of Person

GRAYROBINSON, P.A.

Firm/Company

601 South Palafox Street

Address

Pensacola, Florida 32502

City/State and Zip Code

snirus@drivesuperior.com

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

For further information concerning this matter, please call:

John Adams

448

239-6050

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

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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: WATERSIDE AUTOMOTIVE, LLC
2. (a) Principal office address of limited liability company.
(Note: MUST BE STREET ADDRESS)
4476 N. Waterside Court
Fayetteville, AR 72703
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
P.O. Box 10198
Fayetteville, AR 72703
3. 8/26/2020 Date of filing/registration in Florida
4. 1.20060254333 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
BEGGS & LANE, A REGISTERED LIMITED LIABILITY PARTNERSHIP
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
501 COMMENDENCIA STREET
PENSACOLA, FL 32502

- (b) JOHN H. ADAMS
Enter name of NEW Registered Agent and/or NEW Registered Office address:
GRAYROBINSON, P.A. c/o John H. Adams
NEW Registered Office Address:
601 SOUTH PALAFOX STREET
PENSACOLA, FL 32502

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.

Shannon Mirus
Signature of a member or authorized representative of a member

Shannon Mirus
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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STATE OF FLORIDA
DIVISION OF CORPORATIONS