170000347779

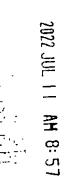
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
····
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operat instructions to riming officer.

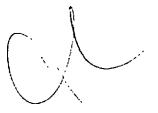
Office Use Only



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97/11/22--01997--095 **25.00





COVER LETTER

Division of Corporations				
SUBJECT: 561TIRES2U LLC				
	lame of Limited 1	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Change and	i fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the	following:		
Melissa Jones				
Name of Person		<u> </u>		
ZenBusiness Inc.				
Firm/Company	· ·		2027	
336 E. College Ave. Suite 301			2022 JUL 11 MM 8: 57	12 TP 3
Address				, 1275) - 12871
Tallahassee, FL 32301			A 8	
City/State and Zip Code	2		57	
ra@zenbusiness.com				
E-mail address: (to be used for future a	nnual report noti	fication)		
For further information concerning this matte	er, please call:			
Melissa Jones	844 at (493-6249		
Name of Person		Area Code & Daytime Telep	ohone 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, S Tallahassee, FL 32303	e	
Enclosed is a check for the following	ng amount:			
☐ \$25 Filing Fee	- 9	555 Filing Fee & Certified Copy	<i>!</i>	

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. N a	ame of the limited liability company: 561TIRES	2U l	LC		· · · · · · · · · · · · · · · · · · ·	
2. (a)	711 SW 1ST CT	U	, 711 S	W 1ST C	T	
(_,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-	Mailing address of li (Note: MAYBE	imited liability	
	BOYNTON BEACH, FL 33426		BOYN	ITON BEA		<u>-</u>
		_ _				
	11/02/2020		L2000	0347779		
3.	Date of filing/registration in Florida	4.		Document numb	ber	
5. (a)	Registered Agents Inc.			-		
	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	: :		
	7901 4th St N			_	20	
	Registered Office Address (MUST BE FLORIDA STREET A STE 300	<u>DDRES</u>	<u> </u>		2022 JUL	
	St. Petersburg , FL	33702		-	1 1 2	;
(b)	ZenBusiness Inc					
.,	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	dress:	-	<u></u>	l J
	336 E. College Ave.					
	NEW Registered Office Address:			-		
	Suite 301			_		
	Tallahassee , FL	32301		_		
change agent was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable Main Major	egistere oility co the lim imited l	ed office and mpany, it is ited liability	I the business of hereby confirm company or as ipany.	fice of the reled that the conterwise p	egistered hange(s)
-,	ture of a member or authorized representative of a member	a to act	in this com	Printed or typed na	-	nh, with the
provisi the obl to merc notifica	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I he din writing of this change.	e to act erform for in C ereby co	in inis capo ance of my o Chapter 605 onfirm that i	icity. I further a luties, and I am f , F.S. Or, if this the limited liabili	gree to com familiar with document is ity company	pry with the h and accept s being filed has been

Signature of Registered Agent