

120 000 373 772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

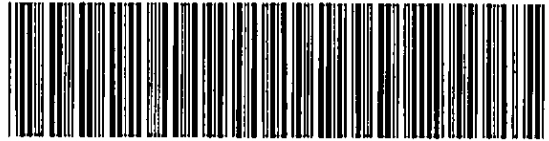
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2021 AUG 30 PM 1:33

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RECEIVED

2021 AUG 30 AM 8:02

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2021

OLUWASEGUN JOSHUA OLOWE
4182 E. HILLSBOROUGH AVE
TAMPA, FL 33610

SUBJECT: AUTO UPGRADE LLC
Ref. Number: L20000373772

We have received your document for AUTO UPGRADE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 621A00018209

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTO UPGRADE 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:

OLUWASEGUN JOSHUA OLOWE

Name of Person

AUTO UPGRADE LLC

Firm/Company

4182 E. HILLSBOROUGH AVE

Address

TAMPA, FL 33610

City/State and Zip Code

AUTOUPGRADELLC@GMAIL.COM

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

For further information concerning this matter, please call:

OLUWASEGUN JOSHUA OLOWE

813

953-9533

Name of Person

at (_____) _____
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 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: AUTO UPGRADEE LLC

2. (a) 4182 E. HILLSBOROUGH AVE TAMPA FL 33610
Principal office address of limited liability company:
(Note: ***MUST BE STREET ADDRESS***)

(b) 4182 E. HILLSBOROUGH AVE TAMPA FL 33610
Mailing address of limited liability company:
(Note: ***MAY BE POST OFFICE BOX***)

3. <u>08-01-2021</u> Date of filing/registration in Florida	4. <u>L20000373772</u> Document number
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5. (a) LOWE, OLUWASEGUN JOSHUA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4182 E. HILLSBOROUGH AVE TAMPA, FL 33610

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4182 E. HILLSBOROUGH AVE

FL 33610

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

AMIR ABUELENEN

NEW Registered Office Address:

4182 E. HILLSBOROUGH AVE TAMPA

TAMPA, FL 33610

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.

OLUWASEGUN JOSHUA OLOWE

Signature of a member or authorized representative of a member

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 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 of Registered Agent