Division of Corporations

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LLC REGISTERED AGENT CHANGE FATBOYZ AUTOMOTIVE GROUP LLC

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	FATBOYZ AUTOMOTIVE G	SROUP LLC	
		ne of Limited L	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the	following:
Chey	enne Moseley		
	Name of Person		
Legai	zoom.com, Inc.		
	Firm/Company		- -
101 N	N. Brand Blvd., 10th Floor		
	Address	-	
Glend	dale, CA 91203		· ``. ` ``.
	City/State and Zip Code		
beckf	ordlaurence@gmail.com		
Ē	-mail address: (to be used for future ann	iual report notif	ication)
For fur	ther information concerning this matter.	please call:	
Chey	enne Mose l ey	800	773-0888 ext 9724
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.G	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 illahassec. Florida 32314
	Enclosed is a check for the following	amount:	
	□ \$25 Filling Fee	12 1 S	55 Filing Fee & Certified Copy
INHS1:	8 (2/14)		

To: 18506176383

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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.

(b) <u>9</u> (03 VAN LOON				
		(b) 903 VAN LOON			
company: <u>ESS</u>)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
L21	1000023113				
ida 4.	Document number				
N AGENTS, INC.					
the records of the Florida Dep	or, of State:				
DA STREET ADDRESS					
32822	. 29				
, ' L					
W Registered Office address					
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	—— JA 👼				
_					
34758					
, FL_ 54756					
it address of the registere da limited liability compa e members of the limited	ed office and the business office of any, it is hereby confirmed that the I liability company or as otherwise	the regist change(s			
	Printed or typed name of signee				
eent and agree to act in t	this capacity. I further agree to comply with e of my duties, and I am Jamiliar with and ac	the cep filed			
	L2 rida 4. N AGENTS, INC. the records of the Florida Department of the laws of the State address of the registered limited liability complement of the limited liability com	L21000023113 rida 4. Document number N AGENTS, INC. the records of the Florida Dept. of State: DA STREET ADDRESS FL 32822 WRegistered Office address: FL 34758 under the laws of the State of Florida, it is hereby confirmed that afte et address of the registered office and the business office of the regist dat limited liability company, it is hereby confirmed that the change(s e members of the limited liability company or as otherwise provided tement of the limited liability company. Laurence Becklord Printed or typed name of signee tent and agree to act in this capacity. I further agree to comply with			