

K21000038172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

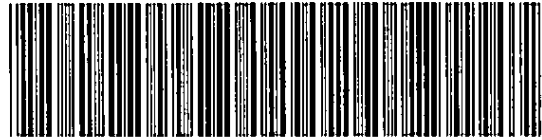
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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MAR 02 2022

I ALBRITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Horsepower Transmissions 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:

Christian Kouyouvaris  
Name of Person

~~None~~ None  
Firm/Company

7955 E HWY 318 Citra FL 32113  
Address

Citra FL 32113  
City/State and Zip Code

~~None~~ Horsepowertransmissions@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Swift at (954) 657-1514  
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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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRET

STATE  
FL

February 9, 2022

CHRISTIAN KOULOUVARIS  
7955 E. HWY 318  
CITRA, FL 32113

SUBJECT: HORSEPOWER TRANSMISSIONS, LLC  
Ref. Number: L21000038172

We have received your document for HORSEPOWER TRANSMISSIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The registered agent must sign accepting the designation.

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.

Irene Albritton  
Regulatory Specialist III

Letter Number: 822A00003249

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: Horsepower transmissions LLC
2. (a) 7955 E highway 318 Citra FL (b) 7955 E HWY 318 Citra FL 32113  
Principal office address of limited liability company: 32113 Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 1119121 Date of filing/registration in Florida 4. L21000038172 Document number

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

7955 E HWY 318 Citra FL 32113  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_, FL \_\_\_\_\_

- (b) Michael Swift

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7955 E HWY 318 Citra FL 32113  
NEW Registered Office Address:

\_\_\_\_\_, FL \_\_\_\_\_

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.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Christian Kouyouvaris  
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

Michael Swift.

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TALLAHASSEE, FL