KZ1 OCC 187499

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

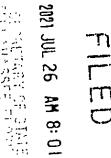
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August 11, 2021

VICTORIA PADRON 5511 PARKCREST DR SUITE 207 AUSTIN, TX 78731 US

SUBJECT: LUXURIOSUS AUTO DETAIL LLC

Ref. Number: L21000187499

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

The document is illegible and not acceptable for imaging.

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.

Letter Number: 521A00019130

Jasmine N Horne Regulatory Specialist II

COVER LETTER

	Registration Section Division of Corporations					
SHRIF	LUXURIOSUS AUTO DETAIL LLC					
3000	SUBJECT: 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:						
Victoria Padron						
	Name of Person					
ZenBusiness Inc.						
	Firm/Company					
5511 Parkcrest Dr Ste 207						
	Address					
Austin, TX 78731						
	City/State and Zip Code					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Victori	ia Padron	844 at (493-6249			
	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	F I F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314			
Enclosed is a check for the following amount:						
	2 \$25 Filing Fee	9	\$55 Filing Fee & Certified Copy			
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 005.0110. Florida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1 N	ame of the limited hability company	JSAUTOD	ETAIL LLC		
2 (a)	123 pw 3rd ave #342	(b) i	23 sw 3rd ave #342		
_ (a'	Principal effice address of limited hability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company (Note: MAYBE POST OFFICE EON)		
3. 5 (a)	Miami, FL 33131	M	Miami, FL 33131		
	04/22/2021	L2	L21000187499		
	Date of filing/registration in Florida	4.	Document number		
	UNITED STATES CORPORATIONAGENTS	S,INC.			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
(b)	5575 S. SEMORANBLVD. 36				
	ORLANDOF	_L 32622	MAN JUL 26 SECRETARIANS		
	ORLANDO ORLANDO FL 32822 Registered Agents Inc				
(1)1	Registered Agents Inc Enter name of NEW Registered Agent and or NEW Registered Office address				
			2 2		
	NEW Registered Office Address				
	7901 4th St N. Suite 300				
	St Petersburg	_L 33702			
the changent was w	muted hability company is not organized under the lange of changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the register hability comp s of the limite	ed office and the business office of the registered pany, it is hereby confirmed that the change(s) to disability company or as otherwise provided in		
	's/ Christian Fernandez		ian Fernandez, Member		
	nure of a member or authorized representance of a member		Printed or roped name of signer		
provis the ob- to mer	by accept the appointment as registered agent and a tons of all stanties relative to the proper and completing ations of my position as registered agent as provide vertices a change in the registered office address, din Noving of this change.	gree to act m to performand led for in Cha I hereby conf	this capacity. I firther agree to comply with the re of my duties, and I am familiar with and accept pater 605. F.S. On, if this document is being fixed from that the limited habitry company has been		
5. <u>11</u> 11	ne of Registered Agent				