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COVER LETTER

TO: Registration Section Division of Corporations	
Deluxe Motoring LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Rafael A. Cruz	
Name of Person	
Deluxe Motoring LLC	
Firm/Company	
13250 SW 4th Court, Apt. G408	
Address	
Pembroke Pines, FL 33027	
City/State and Zip Code	
rcshop0898@gmail.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, p	lease call:
Rafael A. Cruz	718 730-0898 at ()
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 a	mount:
☐ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy

INH\$18 (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.

2. (a)	15800 Pines Bivd.	(b	15800 Pines B	lvd.
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Maili	ing address of limited liability company:
	Suite 3068		Suite 3068	
	Pembroke Pines, FL 33027		Pembroke Pine	s, FL 33027
	Feb. 28, 2022		L21000368761	
3.	Date of filing/registration in Florida	4.	Doo	cument number
5. (a)	Khadijeh Hemmati			
J. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:	
	Zenbusiness Inc.			202
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS	2	3 1
	336 E. College Avenue, Suite 301			2023 AUG 14
	Tallahassee , 1	FL		t PH CANAGE OF C
(b)	Rafael A. Cruz			1
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	dress:	1 ' ' '
	NEW Registered Office Address:			
	13250 SW 4th Court, Apt. G408	· · · · · · · · · · · · · · · · · · ·		
	Pemb@roke Pines	FL		
change agent was/w the art Signa	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members jetes of organization or the operating agreement of the first of a member or authorized representative of a member by accept the appointment as registered agent and a jons of all statutes relative to the proper and completing attorns of my position as registered agent as providedly reflect a change in the registered office address,	ne registero liability co s of the lim ne limited l Rafa	ed office and the mpany, it is her ited liability co iability compan el A. Cruz Printhis capacity	business office of the registered reby confirmed that the change(s) mpany or as otherwise provided in ty. I further agree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00