

5/5/22, 5:20 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L21000481355

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC REGISTERED AGENT CHANGE
 LEGACY AUTO 19 GP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

2022 MAY -6 PM 1:09

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

2022 MAY -6 PM 12:04

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T. LEMIEUX

MAY -9 2022

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Help

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: LEGACY AUTO 19 GP LLC

2. (a) 101 EGLIN PKWY SE (b) 11000 W INTERSTATE 10
Principal office address of limited liability company; Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
FORT WALTON BEACH, FL 32548 SAN ANTONIO, TX 78230

3. 11/09/2021 Date of filing/registration in Florida 4. L21000481355 Document number

5. (a) LEITCH, WILLIAM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1575 CARMEN AVE
DATONA BEACH, FL 32117

(b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address
1200 South Pine Island Road
Plantation, FL 33324

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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] Eric Jensen
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.

By: [Signature] C T Corporation System Christine Helm, Assistant Secretary
Signature of Registered Agent