

L21000481355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

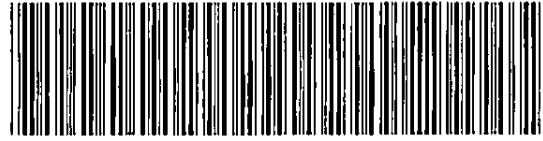
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAY -9 PM 12:45 2024 MAY -9 PM 12:33
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AB



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 05/09/2024

Name: Patrice Rush

Reference #: 2332706

Entity Name: LEGACY AUTO 19 GP LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$25.00

Signature: 

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) No Change Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) No Change Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 11/9/2021 Date of filing/registration in Florida

4. L21000481355 Document number

5. (a) CT CORPORATION SYSTEM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 S PINE ISLAND RD
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

PLANTATION, FL 33324

(b) Cogency Global Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
115 North Calhoun Street, Suite 4
NEW Registered Office Address:

Tallahassee, FL 32301

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2021 MAY -9 PM 12:45
STATE OF FLORIDA
TALLAHASSEE, 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.

/s/ Jude Crane
Signature of a member or authorized representative of a member

Jude Crane Authorized Person
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.

/s/ Timothy Mayville
Signature of Registered Agent