D2200002046

(Requestor's Name)				
(Address)				
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704				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Elliny Name)				
(Document Number)				
Certified Copies Certificates of Status				
				
Special Instructions to Filing Officer:				





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06/21/24--01028--004 **25.00

SECRETARY SERVICES

COVER LETTER

Division of Corporations		
SUBJECT: Cyber Auto Sales		
	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
David Brown		
Name of Person		
Cyber Auto Sales		2021 JUH 21 MH 9: 08 SEGRED WAS SEEL FL
Firm/Company		
3408 AVE W NW, UNIT 12		21 E
Address		
WINTER HAVEN, FL 33881		PH 6
City/State and Zip Code		
Cyberautollc@gmail.com		
E-mail address: (to be used for future am	nual report notification)	
For further information concerning this matter	, please call:	
David Brown	at (407) 653-2201	
Name of Person	Area Code & Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	g amount:	
Safe Safe Safe Safe Safe Safe Safe Safe	☐ \$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 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. Na	ame of the limited liability company: Cyber Auto Sales	S	
2. (a)	3408 AVE W NW, UNIT 12		
2. (1)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(0) _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WINTER HAVEN, FL 33881	C	Ocean Springs MS 39564
	12/23/21		22000002046
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	12/23/2021		
J. (a)	Registered Agent and Registered Office shown on the records of INCORPORATING SERVICES, LTD	f the Florida De	ept. of State;
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	1540 GLENWAY DRIVETALLAHASSEE		~~ .
	F	L_32301	SECR JI
(b)	Registered Agents Inc		2024 JUH 21 SECRE IN
(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	
	7901 4th St N		SSS: PART OF OR
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702 L	
the cha agent was/wa the art Signa	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the register iability composite of the limite limited liable David B	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. Brown Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providedly reflect a change in the registered office address, I of in writing of this change.	gree to act in e performand ed for in Cha hereby conf	tins capacity. I jurther agree to comply with the ce of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

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

- Assistant Secretary

David Roberts

Signature of Registered Agent