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

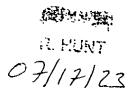
Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations					
Exotic Throttles SUBJECT:					
	Name of Limited L	iability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning	g this matter to the	following:			
Daniel Jenkins					
Name of Person		<del>_</del>			
Exotic Throttles		્ય			
Firm/Company					
18591 SOUTH DIXIE HIGHWAY, #1139					
Address					
Cutler Bay, FL 33157		17 PM 10: 05			
City/State and Zip Co	de	<u> </u>			
info@exoticthrottles.com					
E-mail address: (to be used for future	annual report notif	lication)			
For further information concerning this ma	tter, please call:				
Daniel Jenkins	800 at (	878-3954			
Name of Person	ar \	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 follow	wing amount:				
<b>■</b> \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy			

## 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.

(a)	18591 SOUTH DIXIE HIGHWAY, #1139 (b) 18591 SOU			TTH DIXIE HIGHWAY, #1139		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	Cutler Bay, FL 33157		utler Bay, FL 331;	57		
	04/28/2022	L22	2000201723			
(a)	Date of filing/registration in Florida  Daniel L Jenkins	4.	Docume	ent number		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State  14381 SW 268TH ST, APT 303  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2023	
	Homestead, F	L 33032		SSVER T	· 17 P	
(b)	Daniel Jenkins  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			EE, FL	PM 10: 06	( )
	18591 SOUTH DIXIE HIGHWAY, #1139			1*1		
	NEW Registered Office Address:					
	Cutler Bay, F	1				
ange ent w as/we	mited liability company is not organized under the la or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered of the limited of the l	office and the bu sany, it is hereby d liability compa	siness offic confirmed	c of th that th	e registered e change(s)
		Daniel 3				

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.

Signature of Registered Agent