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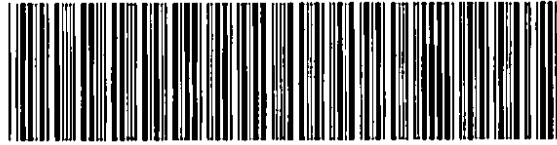
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DATE: 01/09/2025

NAME: PERSONAL PITSTOP EXPRESS,LLC

TYPE OF FILING: CHANGE OF RA

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Personal Pitstop Express, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beatriz Olivares

Name of Person

Agile Legal

Firm/Company

651 N. Broad Street, Ste 308

Address

Middletown, DE 19709

City/State and Zip Code

compliance@agilelegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beatriz Olivares

Name of Person

at (302) 376-6710

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 amount:

☐ \$25 Filing Fee

☐ \$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.

1. Name of the limited liability company: Personal Pitstop Express, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

2202 N Lois Ave Apt 2305, TAMPA, FL 33607

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

2202 N Lois Ave Apt 2305, TAMPA, FL 33607

6/17/2022

L22000277164

3. Date of filing/registration in Florida

4. Document number

5. (a) PUGNI, ANDREW

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2202 N Lois Ave Apt 2305

TAMPA, FL 33607

(b) Registered Agent Solutions, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

2894 Remington Green Ln. Ste. A

Tallahassee, FL 32308

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.

AS

Andrew Pugni

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.

Beatriz Olivares

Signature of Registered Agent

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

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2025 JAN -9 PM 2:10
TALLAHASSEE, FL 32301
STATE OF FLORIDA
DIVISION OF CORPORATIONS