Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:	
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LLC REGISTERED AGENT CHANGE IMPORT AIR VALENCIA LLC

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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.

2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (o) <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	09/19/2022		L22000	407982
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	VALENCIA -SUMBA, DANTE G			
(-)	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of S	tale:
	8510 SUNRISE LAKE BLVD			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES</u>	<u>5)</u>	_
	204			
	SUNRISE , FL	33322)	 _
		30322	<u> </u>	202
(b)	Registered Agents Inc			ىن <u>ك</u>
	Enter name of NEW Registered Agent and/or NEW Registered (Office ac	dress:	
	7001 4th Ct N			2023 JUN - 1 PH
	7901 4th St N NEW Registered Office Address:			
	<u>.</u>			. .
	STE 300			_ 5
	St. Petersburg FL	3370	2	
			•	_
the cha agent w was/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability that it is authorized by an affirmative vote of the members of thes of organization or the operating agreement of the liability.	he regi bility co the lin	stered offi ompany, it nited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
<u> </u>	in joney	Roi	oin Jone:	
_	are of a member or authorized representative of a member			Printed or typed name of signee
provision the obli to mere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I he in writing of this change.	e to act perform for in t greby c	t in this ca ance of m Chapter 6l onfirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accep 95, F.S. Or, if this document is being filed at the limited liability company has been

David Roberts - Assistant Secretary

Signature of Registered Agent