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2023 FEB 17 AMII: 19 SECRETARY OF GRADE

A. RIVERS APR 3 0 2023

COVER LETTER

Division of Corporations DRIVING FOR CHARITY LLC SUBJECT: 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: Robert Bradley Name of Person Driving for Charity LLC Firm/Company 1194 Pine Valley Drive Address Wellington, FL 33414-6004 City/State and Zip Code bobbybradley@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Bradley Name of Person Area Code & Daytime Telephone Number **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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

TO:

Registration Section

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: Driving for Char	ity LLC				
2. (a)			(b)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)			any:
	1194 Pine Valley Drive		1194 Pine	Valley Drive		
	Wellington, FL 33414-6004		Wellingto	n. FL 33414-600)4	
	January 18, 2023		L23000033	382		
3.	Date of filing/registration in Florida	4.		Document nun	nber	
5. (a)	United States Corporation Agents, Inc.					
J. (11)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept, of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 476 Riverside Avenue		_	2023 FEB SECRET		
	Jacksonville, F	L_32202		_	REB 17	
(b)	Robert Bradley				7 AM	
(' '	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	address:	_	AM II: 19 SEF. FLORIDA	
	NEW Registered Office Address:			_		
	1194 Pine Valley Drive			_		
	Wellington, F	33414- L	6004	_		
change agent v was/wo	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability c of the li	red office an company, it i mited liabilit	nd the business of is hereby confiri ty company or a	office of the registenced that the chang	ered ge(s)
Signal	Signature of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obl to merc	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in-writing of this change.	ree to ac perform ed for in hereby c	et in this cap nance of my Chapter 602 confirm that	acity. I further duties, and I am 5, F.S. Or, if thi the limited liahi	agree to comply with and if amiliar with and is document is being the company has	vith the l accept ng filed been
Signatu	re of Registered Men					