

| (Requestor's Name) | | | | | | |
|---|-------------------|------|--|--|--|--|
| (Address) | | | | | | |
| bA) | dress) | | | | | |
| (Cit | y/State/Zip/Phone | #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| ————(Bu | siness Entity Nam | e) | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to | Filing Officer: | | | | | |
| | | | | | | |
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09/18/23--01039--018 **25.00

COVER LETTER

| | gistration Section vision of Corporations | | | | | | |
|-------------------|--|---------------------|--|--|--|--|--|
| SUBJECT: | MUVMOTORS, LLC | | | | | | |
| SOBJECT. | Name of Limited Liability Company | | | | | | |
| Dear Sir or | Madam: | | | | | | |
| The enclose | ed Registered Agent/Registered Off | ice Change and t | fee(s) are submitted for filing. | | | | |
| Please retur | n all correspondence concerning th | is matter to the f | following: | | | | |
| RESCHENE | BERG, MARK H | | | | | | |
| | Name of Person | • | | | | | |
| мичмото | ORS, LLC | | | | | | |
| | Firm/Company | | ··· | | | | |
| 2309 LAKE | DEBRA DR. APT. 228 | | | | | | |
| | Address | | _ | | | | |
| ORLANDO | FL 32835 | | | | | | |
| <u></u> | City/State and Zip Code | | _ | | | | |
| MARCO@N | MUVMOTORS.COM | | | | | | |
| E-mai | l address: (to be used for future and | nual report notific | cation) | | | | |
| For further | information concerning this matter, | , please call: | | | | | |
| MARK H. R | ESCHENBERG | 407 at (| 431-0219 | | | | |
| | Name of Person | at (| Area Code & Daytime Telephone Number | | | | |
| Reg Div P.C | gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| Enc | closed is a check for the following | ; amount: | | | | | |
| | \$25 Filing Fee | □ \$5 | 5 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.

| . Na | me of the limited liability company: | LLC | | | | | |
|-------------------------------------|--|--|--|---|---|---|--|
| . (a) | MARK H RESCHENBERG | | (b) MARK H | RESCHENBE | RG | | |
| . () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address (Note: MAY) | | | |
| | 2309 LAKE DEBRA DR APT 228 | | 2309 LAK | E DEBRA DR | | | |
| | ORLANDO FL 32835 | | ORLANDO | O FL 32835 | | | |
| | 1/24/2023 | | L230000441 | 41 | | | |
| | Date of filing/registration in Florida | - 4. | | Document nu | umber | | |
| (a) | RESCHENBERG, MARK H | | | | | | |
| (a) | Registered Agent and Registered Office shown on the records of | the Flor | ida Dept, of State | - t: | | | |
| | 3190 LA COSTA CIR | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRE | <u>(SS)</u> | _ | Ā | 20 | |
| | APT 302 | | | | | S | |
| | NAPLES , FL | 34105 | | - | AHASS | 2023 SEP 18 | <u> </u> |
| (b) | RESCHENBERG, MARK H | | | - | inc Luci | PH | İ |
| (5) | Enter name of NEW Registered Agent and/or NEW Registered | Office | address: | - | SIAIE LORIDA | ယ္ | |
| | 2309 LAKE DEBRA DR | | | | i i c I D A | 55 | |
| | NEW Registered Office Address: | | | - | | | |
| | APT 228 | | | _ | | | |
| | ORLANDO | 32835 | | | | | |
| | , FL | | | - | | | |
| tange gent v as/we e arti | mited liability company is not organized under the law or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the Lee U. H., Lessely | registe ability of the li limited | ered office and company, it is mited liability | I the business hereby confi company or pany. | s office of the | of the a | registered change(s) |
| | ure of a member or authorized representative of a member | - | | Printed or type | d name of | f signee | |
| rovisi ne obl mere otified | by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change. While the content of th | ee to a perfor d for in hereby | ct in this capa mance of my a Chapter 605, confirm that t | icity. I furthe luties, and I a , F.S. Or, if t he limited lia | er agree am famil his doci ability co | to con liar wit iment t impany | iply with the th and accep is being filed thas been |