L23000096347

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

Office Use Only



000437456290

10/03/24--01015--011 **2485.00





October 18, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: SOUTH ATLANTA MOTORS THIRD, LLC

Ref. Number: L23000096347

We have received your document for SOUTH ATLANTA MOTORS THIRD, LLC and your check(s) totaling \$2485.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 024A00023088

Wanite A Mills Regulatory Specialist II

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SUBJECT:	
Name of Limite	d 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:
Walter Thomas	
Name of Person	
Walter Thomas, P.A.	
Firm/Company	
2549 Ryland Falls Srive	A CRITICAL CONTRACTOR OF THE PROPERTY OF THE P
Address	BEGRUARAS
Lakeland, Florida 33811	SSE TA
City/State and Zip Code	
walter@walterthomaspa.com	hti
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call:	
Walter Thomas 863	940-4855
Name of Person	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
INHS18 (2/14)	

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:	NTA MOTOI	RS THIRD	LLC	
2. (a)	2925 MALL HILL DR	(b)	(b) 2925 MALL HILL DR		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	LAKELAND, FL 33810	 .	LAKELAN	7D, FL 33810	
	03/02/2023		.23000096.	347	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	WALTER THOMAS, P.A.				
	Registered Agent and Registered Office shown on the records o 230 Doris Drive	f the Florida D	ept, of State	2024 SEG	
	Registered Office Address	(ADDRESS)		7024 NOV -5 F	
	Lakeland, F	L_33813			
(b)	WALTER THOMAS, P.A.			STATE STATE	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			:	
	2549 Ryland Falls Drive				
	NEW Registered Office Address:				
	Lakeland, F	.L_33811			
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vota of the members cles of organization or the operating agreement of the	e registered iability com of the limit e limited lia	office and pany, it is ed liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Signa	ture of a member or authorized representative of a member		·	Printed or typed name of signce	
provisi the obl to mere	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d in writing of this change.	e performan ed for in Ch	ce of my a apter 605,	uties, and I am familiar with and accept F.S. Or, if this document is being filed	
Signatu	re of Registered Agoot				

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