

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-633

From: Account Name : LEGALZOOM.COM INC.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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STATE
REGISTRATION
TAXES

LLC REGISTERED AGENT CHANGE	
SKILLED 1 AUTOMOTIVE LLC	
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX
MAR 28 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKILLED 1 AUTOMOTIVE 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

cust email

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

For further information concerning this matter, please call:

Cheyenne Moseley	at (800	773-0888 ext 9724
Name of Person	Area Code & Daytime Telephone Number		

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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.

SKILLED 1 AUTOMOTIVE LLC

1. Name of the limited liability company: SKILLED 1 AUTOMOTIVE LLC

2. (a) 661 NE 195th St., Apt. 301

(b) 661 NE 195th St., Apt. 301

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Miami, FL 33179

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Miami, FL 33179

03/06/2023

L23000114314

3. Date of filing/registration in Florida 4. Document number

5. (a) United States Corporation Agents, Inc.

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

476 Riverside Ave.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Jacksonville, FL 32202

(b) Mary Bosch-Cicala

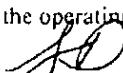
Enter name of NEW Registered Agent and/or NEW Registered Office address:

661 NE 195th St., Apt. 301

NEW Registered Office Address:

Miami, FL 33179

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.

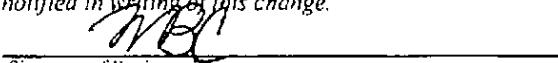


Mary Bosch-Cicala

• 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.


Signature of Registered Agent

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