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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

nter	the	email	address	for	this	business	entity	to	be	used	for	future
						only one						

Email	Address:		
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LLC REGISTERED AGENT CHANGE UNDISPUTED AUTOMOTIVE GROUP LLC

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I. SOLOMON

MAY 2 2 2023

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY ω

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.

	ame of the limited liability company:		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/21/2023		3000143686
3.	Date of filing/registration in Florida	4.	Document number
5. (a	GALAN-FLOYD, SEBASTIAN Registered Agent and Registered Office shown on the records of	4,4	<u> </u>
		the Florida De	ept. of State.
	2723 SE 30TH ST		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	20
	OCALA . FI.	34471	D23 MAY 19
/ h	Northwest Registered Agent LLC	-1 -	
(b	Enter name of NEW Registered Agent and/or NEW Registered	<u>sss</u> :	
	7901 4th St N		SESTINATION OF STATE
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg . FL	33702	
the chagent was/v the ar	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited literer authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the register ability comp of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.
Sien	ature of a member or authorized representative of a member	INST SIT	Printed or typed name of signee
I her provi the ol to me	by accept the appointment as registered agent and agraions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I did no writing of this change.	performand d for in Che hereby conf	this capacity. I further agree to comply with the