123000303917

(Requestor's Name)				
(Address)				
(Ac	idress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
				
(Bı	isiness Entity Name	e)		
(Do	ocument Number)			
Certified Copies	Certificates of	of Status		
Special Instructions to	Filing Officer:			
		1		

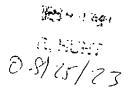
Office Use Only



200414503112

08/25/23--01020--008 **55.00

2023 AUG 25 PH 12: 40



COVER LETTER

то:	Registration Section Division of Corporations		•		
SUBJE	Eldridge Body Shop, LLC.				
., ., .,		Name of Limited Liability Company			
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.		
Please	return all correspondence concernin	g this matter to the	e following:		
Lisa A.	Eldridge				
•	Name of Person				
Eldridge	e Body Shop, LLC.				
	Firm/Company				
4604 CI	ark Road				
	Address				
Sarasota	a, Florida 34233-3424				
	City/State and Zip Co	de			
ylwdiab	lo@aol.com				
Е	-mail address: (to be used for future	annual report noti	fication)		
For fur	ther information concerning this ma	tter, please call:			
Lisa A.	Eldridge	941 at (921-7997)		
	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 follow	ving amount:			
	□ \$25 Filing Fee		555 Filing Fee & Certified Copy		

2023 AUG 25 PH 12: 40

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.	Name of the limited liability company: Eldridge Body S	Shop, LLC.	
2. (a	Eldridge Body Shop, LLC	(b) Eldridge Bo	dy Shop, LLC.
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Ma	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4604 Clark Road	4604 Clark F	Road
	Sarasota, FL 34233-3424	Sarasota, FL	34233-3424
	06/26/23	1.2300030391	7
3.	Date of filing/registration in Florida	4. D	Occument number
5. (a	David L. Eldridge Sr.		
٥. (۵	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:	
	David L. Eldridge Sr.		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	4691 Tuscana Drive		
	Sarasota	34241-4204	DIVIŠIČKU 2023 AUG
	·		DIVIŠION C
(b			>
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	5 P
	David L. Eldridge Sr.		PHI2: 4
	NEW Registered Office Address:		10
	4604 Clark Road, Sarasota		
	Sarasota . 1	FL 34233-3424	
chan; agent was/	limited liability company is not organized under the lige or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	aws of the State of Flor ne registered office and liability company, it is less of the limited liability	the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in
Sig	nature of a member or authorized representative of a member	- ·	Printed or typed name of signee
provi the o to me	reby accept the appointment as registered agent and as sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide reflect a change in the registered office address, and in writing of this change. The of Registered Agent	gree to act in this capac te performance of my du led for in Chapter 605. I hereby confirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been