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

Office Use Only



100413588381 **ECHETAIX OF STANG 24 PH 1: 38 1000413580 - 005 10000 - 005 100

11:12 2023

COVER LETTER

го:	Registration Section Division of Corporations		·			
	JAT AUTO GROUP LLC					
SUBJI	ECT:	T:Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.			
Please	return all correspondence concerning	g this matter to t	he following:			
Jamiso	n Alan Thomas					
	Name of Person					
JAT AU	JTO GROUP LLC					
	Firm/Company					
201 No	orth Medonald Ave.					
	Address					
Deland	, Fl. 32724					
	City/State and Zip Coo	de				
jamiso	nt327@hotmail.com					
3	E-mail address: (to be used for future	annual report no	otification)			
For fu	rther information concerning this ma	tter, please call:				
Jamiso	n Thomas	386	479-6602			
	N CD	at ()			
	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		\$55 Filing Fee & Certified Copy			

STÅTEMENT 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:	ROUP LLC.	
	201 N MCDONALD AVE. DELAND FL 32724		01 N MCDONALD AVE DELAND FL. 32724
η.	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/11/2023		3000328283
a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC.	4.	Document number
4 <i>)</i>	Registered Agent and Registered Office shown on the record CHEYENNE MOSELEY, US GROUP AGENTS	ds of the Florida De	SECRETAR TALLARY
	Registered Office Address AMUST BE FLORIDA STRU 476 RIVERSIDE AVE.	∑n −C gregoria	
	JACKSONVIILE	32292 , FL	mm III
	JAMISON THOMAS		I: 30
)	Enter name of NEW Registered Agent and/or NEW Regis	tered Office addre	
	201 N. MCDONALD AVE.		
	NEW Registered Office Address:		
	DELAND	32724 , FL	
ge t w we	imited liability company is not organized under the or changes are made the Florida street address of vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of	f the registered of the liability compound from the limited liability the limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided
	ture of a member or authorized representative of a member by accept the appointment as registered agent and	l agree to act in	