LZH000 110 909

(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 Filling Officer.				

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	v
SUBJECT: Naples Auto Exc Name of Limited Li	change LLC ability Rympany
Dear Sir or Madam:	V
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the t	ollowing:
Beau A. Mostafa Name of Person	— TO THE COLUMN
Naples Auto Exchange LL.	
3047 Terrace Ave	
Naples, FL 34/04 City/State and Zip Code	
Maplesautoexchange a gmail. CE-mail address: (to be used for future angual report notific	<u>op</u> n cation)
For further information concerning this matter, please call:	
Beau A. Mostafa at (310)	Nea 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 \$5	5 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.

1. N	Name of the limited liability company: <u>Naples</u> 4	Juto	Exchange	11C
	, 3047 Terrace Ave		047 Terra	ce Ave
(()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (*/	Mailing address of lit	mited liability company: POST OFFICE BOX)
	Naples, FL 34104	Λ	laples, FL	34104
			7-3-30-7	
	3/4/2024	L	240001109	709
3.	Date of filing/registration in Florida	4.	Document numb	
5. (a)				2024 MAY 2024 MAY
	Registered Agent and Registered Office shown on the records of the	-		重
	1801 Grulf Shore BIV Registered Office Address (MUST BE FLORIDA STREET AD			5
	Naples .fl	341t	04	5 0 is
	Niam K. Samadh			1,3 1
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:		
	ZOLO T			
	3047 Terrace Ave NEW Registered Office Address:		<u></u>	
	Registered Office Address.			
				
	Naples	3410	<u> </u>	
If the I	limited liability company is not organized under the laws	of the State	of Florida, it is hereby	confirmed that after the
change agent v	ge or changes are made/ the Florida street address of the re will be identical. Or in the case of a Elorida limited liabi	gistered off ility compan	ice and the business off	ice of the registered ed that the change(s)
was/w	vere authorized by an affirmative vote of the members of the ticles of organization or the operating agreement of the lin	the limited I	iability company or as o	otherwise provided in
	17 12 -3	Beau	A. Mosta. Printed or typed nar	fa
_	nature of a member or authorized representative of a member reby accept the appointment as registered agent and agree			
provisi the obi	sions of all statutes relative to the proper and complete pe bligations of myposition as registered agent as provided for rely reflect a change in the registered office address, I her	rformance o ör in Chano	s capacity. 1 juriner ay of my duties, and I am fa er 605. F.S. Or, if this a	gree to comply with the amiliar with and accept document is being filed
to mer notifie	rely reflect a clange in the registered office address. I her ed in writing of this change.	eby confirm	that the limited liabilit	y company has been
Signatu	ture of Registered Agent			