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(City/State/Zip/Phone #)							
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## COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Expert Driving Academy Name of Limited Lie	LLC
Name of Limited Lia	ibility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and t	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Adriuna Guittelo Name of Person	
3161 Sou Expert Diving Academy L	LC_
B161 South Ocean Prive #209	<u>†</u>
Hallandale Beach FL 33009 City/State and Zip Code	_
E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please call:	
Adriana (SVICIO at 516  Name of Person	) 644 - 3378 Area 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. Na	une of the limited liability company.	Expert Prin	ving	Acader	ny LL	-C		
2. (a)	Principal office address of limited liability  (Note: MUST BE STREET ADD.)	Sy company: RESS)	(b)	<u> </u>	ailing address o (Note: MAY B	Allandale of limited liabilities POST OFFI	ty company CE BOX)	
	Hallandale Beach, FL	33219	_	Haller	whole Bear	ch, FL 3	73009	
	#449		_	#4	49	·		
	05/21/2024			L24	000234	1505		
3.	Date of filing/registration in Flo	orida	4.	ľ.	Document nu	mber	·	
5. (a)	Anton Rodriguez							
` ,	Registered Agent and Registered Office shown of	n the records of the	Florida D	ept. of State:				
	3161 South Ocean	Pruc #	£209					
	Registered Office Address (MUST BE FLOI	RIDA STREET ADI	ORESS)					
	Hallandale Brech FZ	33 009				202. TĂI		
		, FL				2024 JUL TÄLLÄIIÄ	-11	
(b)	Adriana Guerrero					SSE	, [	
	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Of	fice addr	ess.				
	Same Addies					PH 3: 10	) 6	,
	NEW Registered Office Address:							
	361 South Ocean Chi	<u>e</u> #209						
	Hattandale Beach	, FL	3 <del>30</del>	09				
change agent was/w the art	imited liability company is not organized or changes are made, the Florida street will be identical. Or, in the case of a Floriere authorized by an affirmative vote of ticles of organization or the operating agriculture of a member or authorized representative of a	address of the regrida limited liabil he members of the limited limite	gistered lity com he limite nited lia	office and pany, it is led liability bility comp	the business hereby confi- company or bany. Printed or typed	office of the rmed that the as otherwise Plat Gue diame of signed	registere change( provided	ed s) d in
provis the ob- to mer	by accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered age ely reflect a change in the registered officin writing of this change.	agent and agree and complete per int as provided fo ce address, I her	to act in rforman or in Ch eby con	i this capac ce of my di apter 605, firm that th	ity. I furthe ities, and I a F.S. Or, if the limited lia	r agree to co m familiar w his document bility compai	mply wit ith and a is being ny has be	h the iccept filed en

Signature of Registered Agent