M0300001724

(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



300247175373

04/25/13--01024--001 **25.00

3 APR 25 PM 4: 29
SECKETAKT OF STATE

C. LEWIS

APR 2 6 2013

EXAMINER

COVER LETTER 🐛

TO: Registration Section Division of Corporations

SUBJECT: Boyland Auto Orlando, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian M. Kracht

Name of Person

Kracht Law Firm, PA

Firm/Company

218 Palmetto Avenue

Address

Orlando, FL 32801

City/State and Zin Code

bkracht@krachtlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian M. Kracht, Esq. at (407) 244-5522

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

☐ \$55 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 608.416 or 608.508, 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	ame of the limited liability company: Boyland Auto Orlando	, LLC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7: 4301 Millenia Blvd. Orlando, Florida 32839	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4301 Millenia Blvd. Orlando, Florida 32839	SECRETARIAN 25
5/27/20	103	M03000001724	
3. Da	ate of filing/registration in Florida	4. Document number	LATE ORID
5. (a) Registered Agent and Registered Office shown on	the records of the Florida	
	Registered Agent:	NRAI Services, Inc.	
	Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office add	dress:
	NEW Registered Agent:	Kracht Law Firm, PA	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	218 Palmetto Avenue	
	MEST BE TECHNOTISTICAL TIPERESS,	Orlando	,FL 32801
confinand the liabilithe method	limited liability company is not organized under the lamed that after the change or changes are made, the Fine business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwiperating agreement of the limited liability company. The of a member or authorized representative of a member	orida street address of th ical. Or, in the case of a was/were authorized by	e registered office Florida limited an affirmative vote of
	Kracht, agent for member or typed name of signee	_	
I her comp and I Chap addre	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my poter 608, F.S. Or, if this document is being filed to me ess, I hereby confirm that the limited liability company	gree to act in this capaci oper and complete perfor sition as registered agen rely reflect a change in to whas been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office iting of this change.
Signat	ure of Registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00