## M09000000739

(Requestor's Name)	
(Address)	
(Address)	
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(0) (0) (0)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Codification of Status	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
3.14	
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Office Use Only



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SECRETARY OF STATE

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## COVER LETTER

TO: Registration Section Division of Corporations		
subject: <u>Newman Tractor</u>	me of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi		
Kim Tanner Name of Person		
Newman Tractor LLC Firm/Company	SECRITAL.	2024 H
2841 Verma Rd Address	ETARY (S LAWASSE	7024 MAR   L PH 2: 5
Verona Ky 41092 City/State and Zip Code		£ 2: 5.7
E-mail address: (to be used for future and	mual report notification)	
For further information concerning this matter	r, please call:	
Kim Taiwnet Name of Person	at ( <u>859</u> ) <u>+485 · 8500</u> 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	ng amount:	
☐ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## 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	ame of the limited liability company:Newmar	Tractor	<u> </u>	<u>.                                    </u>	
2. (a)	2841 Verma Rd	(b)	Sane		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Verona, K. 41092				
	0/0/10/00		MAGAA	0000739	
3.	2/20/2009 Date of filing/registration in Florida	4.		nt number	
5. (a)	Susan Nowman				
J. (44)	Registered Agent and Registered Office shown on the records o	f the Florida Dept	i, of State:		
	770 Freeling Drive	(ADDRESS)	<del></del>	(C P	
	Registered Office Address MUST BE FLORIDA STREET	<u> ADDKESS</u>		024 <b>1</b> ECF TAI	(217)
	Sarasota F	1 3424	12	1024 MAR   14 SECRETAR TALLAHA	i į
	Ju a so fe	<u> </u>	<del></del>	C	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address		PH 2: OF ST	
	Enter name of NEW Registered Agent and/of AND Registers	0.1111.1111	·	F. 57	
	2600 State Road 60 W		<u> </u>	1:1 -	
	NEW Registered Office Address:				
	Bartow	-L <u>3383</u>	0		
chang agent	limited liability company is not organized under the lege 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 ructes of organization or the operating agreement of the	liability compa	any, it is hereby l liability compar lity company.	confirmed that the change or as otherwise pro	ange(s)
	nature of a member or authorized representative of a member		KICK N Printed o	r typed name of signee	
I her provi the o to mg	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and complete higations of my position as registered agent as provide the proper and complete higations of my position as registered agent as provide the reflect a change in the registered office address, and in writing of this change.	gree to act in the performance ded for in Chall I hereby confi			ly with the and accept being filed aas been
Signa	nture of Registered Agent				