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· (Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

12 MAR 30 AH 感 E

## . COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Germain on Davis			
Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Mittylyn SPOto Name of Person			
Germain BMW of Naples	2012 FALL.		
11286 Tamiami Trail N	ZIIIZ MAR 30 SEGME ARY		
Naples FL 34110			
City/state and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
11:11 1 (0.12)			
Name of Person at (d34) UY5 dadO  Area Code & Daytime Telephone No.	unher		
Wed code at 22 films Tolognone Ne			
Enclosed is a check for the following amount:			
Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, ificate of Status & ified Copy litional copy is enclosed)		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	18, Florida Statutes, the undersigned limited r to change its registered office or registered
1. Name of the limited liability company: Germa	in on Davis LLC
2. (a) Principal office address of limited liability company	an Now the Reserve
(Note: MUST BE STREET ADDRESS)	Naples Fr 34/04
(b) Mailing address of limited liability company:	11286 Tamiani trau N
(Note: MAY BE POST OFFICE BOX)	Naples Fr 3410
12-08-09	M 0900000 4794 ~
	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State
Registered Agent:	30 F
Registered Office Address:	<b>*</b>
•	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	Registered Office address: Mittylyn Spoto
NEW Registered Office Address:  MUST BE FLORIDA STREET ADDRESS)	11286 Tamiami Tr N
	Naples FL 34110
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	orida street addross of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Mittylyn Spoto	
Printed or typed name of signee	•
I hereby accept the appointment as registered ogent and ag comply with the provisions of all statutes relative to the project and I am familiar with and accept the obligations of my positive to the project of the confirmation of the provision of the company confirm that the limited liability company to the company of th	ree to act in this capacity. I further agree to per and complete performance of my duties, tion as registered agent as provided for in tly reflect a change in the registered office has been notified in writing of this change.
Signature of Reference Agent Division of Corporations, P.O. Box 632'	7 Tallahassaa EV 20214
Account or on botations (1 to Day 1177)	/ s

FILING FEE: \$25.00

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