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(Re	questor's Name)						
(Address)							
(Ad	dress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
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K.SALY EXAMINER

COVER LETTER

	gistration Section rision of Corporations			
SUBJECT:	Pro Team Auction Company, LLC			
		l Liability Company		
Dear Sir or i	Madam:			
The enclosed	ed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.		
Please return	n all correspondence concerning this matter to t	the following:		
Jeff	Rame of Person			
Pro 7	eam Auction Co., L Firm/Company	LC		
1715	: Garden Village Di Address	rive suiteA,		
White	City/State and Zip Code			
Deff(C	adress: (to be used for future annual report no	otification)		
For further is	information concerning this matter, please call:			
Jeffe	Name of Person at (86)	5 674-7002 Area Code & Daytime Telephone Number		
Regi Divi: Clift 2661	istration Section ision of Corporations ton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

l. (a)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	01/13/2012		M12000	000245			
3.	Date of filing/registration in Florida	4.		Document nur	mber		
i. (a)	WEEKS AUCTION COMPANY, INC.						
	Registered Agent and Registered Office shown on the records	of the Flo	rida Dept. of St	late.			
	17888 67Th Court North						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDR	<u>ESS)</u>		TALLI	2016 MAY	renta.
	Loxahatchee	FL	33470		SEURETARY LLAHASSEI	1AY -2	
(b)	InCorp Services, Inc.				[;;] C □	3	M
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office	address:		FLORID	3: 2	\Box
	17888 67th Court North		_		ا هلا	C.	
	NEW Registered Office Address:						
	Loxahatchee	FL	33470	-			
he cha ngent v vas/we he/arti Signal herovisi he obl.	imited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the member cles of organization or the operating agreement of the operating agreement of the operation of a member one of all statutes relative to the proper and completing of the change in the registered agent as provingly reflect a change in the registered office address, in writing of this change. Kathy Shin on bell	of the name of the limited he limited here to the performance of the limited here by t	egistered office company, it is it i	ice and the busing is hereby confinity company or a company. Printed or typed in a company. I further y duties, and I am 15, F.S. Or, if that the limited liab	ess office of med that the is otherwise p hame of signee	the reg change provide	istered (s) ed in