

MIS00005447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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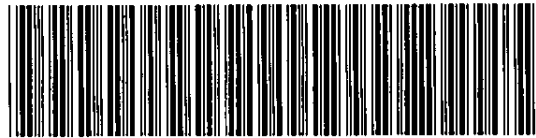
(Business Entity Name)

(Document Number)

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JUL 30 2015

S MASON

Date: 07/29/2015

Account #: I20000000088

Name: Michelle Walker

Reference #: G020119

ENTITY NAME: ASSURED AUTO REPAIRS, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

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2015 JUL 29 AIC 01
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

Authorized Amount: \$25

Signature: Michelle Walker

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

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: ASSURED AUTO REPAIRS, LLC

2. (a) Principal office address of limited liability company: 4632 S ST PETERS PKWY ST PETERS, MO 63304
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 4632 S ST PETERS PKWY ST PETERS, MO 63304
(Note: **MAY BE POST OFFICE BOX**)

7/11/15
3. Date of filing/registration in Florida

M1500005447
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: National Corporate Research, Ltd., Inc.

Registered Office Address: 15 Office Plaza Drive
Tallahassee, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: National Corporate Research, Ltd., Inc.

NEW Registered Office Address: 115 North Calhoun Street, Suite 4
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Anthony E. Mackey
Signature of a member or authorized representative of a member

Anthony E. Mackey
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Anthony E. Mackey, VP of NCR
Signature of Registered Agent

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