(Requestor's Name)	
(Address)	20
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2

ACCOUN	NT NO.	:	12000000195
REFE	ERENCE	:	
AUTHORIZ	ZATION	:	
COST	LIMIT	:	\$ 25.00
ORDER DATE : 05/29/2025 ORDER TIME : ORDER NO. :			Anna Blensen
CUSTOMER NO:			
CHANG	SE OF AC	3EN'	<u>r</u>
NAME :			

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
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CONTACT PERSON:

EXAMINER'S INITIALS:

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	lame of the limited liability company: EL CAR WASH	PINES,	LLC	
2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2753 SW 87 Av		2753 NV	V 87th Ave
	Doral, FL 33172	_	Doral, F	L 33172
	12/17/2021		M210000	017251
3.	Date of filing/registration in Florida	4.		Document number
5. (a)			
<i>J.</i> (u	Registered Agent and Registered Office shown on the records of LANDAU, JUSTIN	the Floric	la Dept. of St	nte:
	Registered Office Address	ADDRES	<u>(S)</u>	_
	2753 NW 87th Ave			
	Doral . FI	33172		
				2025 MAY 30 SECRETARY
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1.7500	·- ·-·	
	Enter name of NEW Registered Agent and/or NEW Registered	Umce a	<u>oaress</u> :	AAR)
	Corporation Service Company			ED AHIO: 36 OF STATE Form
	NEW Registered Office Address:			2874 110:
	1201 Hays Street			36
	Tallahassee FL	32301		_
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	register ability co of the lir	ed office a ompany, it nited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	iiuliana Cossu	Giı 	ıliana Coss	
•	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ol to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. It is a writing of this change.	nertorn	ance of m	i duties, and Lam tamiliar with and accept
لکے	Ingre Cotuble			
Signat	ture of Registered Agent Grace & Kirby, Asst. Vice President	dent		

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