M25000001029

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

Office Use Only



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S. CHATHAM

AUG 2 3 2025

2025 AUG 22 PH 12: 1



To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 08/22/25

Order #: 4284004-22

Re: 12895 AUTOMOBILE OWNER LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Amanda Miller
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filling, please call our office.

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. No	nme of the limited liability company:12895 AUTOM	OBILE	OWNE	R LLC				
2. (a)	800 3RD AVE STE 2701		(b) 80	0 3RD .	AVE STE 27	701	-	
Z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	NEW YORK, NY 10022		NEW YORK, NY 10022					
	01/21/2025		M25	000001	1029			
3.	Date of filing/registration in Florida	4.	-		Document n	umber		
5. (a)	PLATINUM AGENT SERVICES LLC							
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 155 OFFICE PLAZA DR				· ::			
	Registered Office Address (MUST BE FLORIDA STREET	REET ADDRESS)			-	:-	2025 AUG 22	" []
	TALLAHASSEE F	3230 L)1		-	HASSE		
	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company				_	****	PM 12: 12	***************************************
	NEW Registered Office Address:				-			
	1201 Hays Street				-			
	Tallahassee, F	3230)1		_			
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited beere authorized by an affirmative vote of the members icles of organization or the operating agreement of the /S/ Max Heiden	e regis iability of the c limite	tered off compailimited d liabili	fice and ny, it is liability ity com	I the busines hereby conf company o	s office of firmed that r as other	of the re- at the ch	gistered nange(s)
Signa	ture of a member or authorized representative of a member	_	Printed or typed name of signee					
I here provisi the obl to mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It is writing of this change.	ree to e perfo ed for i hereby	act in th rmance in Chapi v confiri	nis capa of my d ier 605, m that t	icity. I furth luties, and I , F.S. Or, if he limited lid	er agree am famili this docu ability co.	to comp iar with ment is mpany i	ly with the and accept being filed has been
	/S/ Grace E. Kirby							
Signatu	re of Registered Agent							

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