P0400171942

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

Office Use Only



100372744371

2021 NOV - 1 AM II: 47

RECEIVED

20211/04-1 11/1 9:

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO.	:	12000000	00195
		REFERI	ENCE	:	170804	7644314
		AUTHORIZAT	rion	:	Lovelle	Lenan
		COST L	TIMIT	:	\$ 35	
ORDER	DATE :	October 27,	2021			• • • • • • • • • • • • • • • • • • • •
ORDER '	TIME :	8:22 AM				
ORDER I	NO. :	170804-072				
CUSTOM:	ER NO:	7644314				
		CHANGE	OF AC	 GEN <u>'</u>	<u>г</u>	
	NAME:	LONGWOOD INC.	AUTO	AC	QUISITION	IS I,
PLEASE	RETURN	THE FOLLOWIN	IG AS	PR	OOF OF FI	LING:
XX		FIED COPY STAMPED COPY	7			

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		12, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attention organized under the laws of the State of FL			
in orde	er to change its registered offic	e or registered agent, or both, in the State of Florida.			
1. The name of	the corporation: LONGWOOD	AUTO ACQUISITIONS I, INC.			
		IIGHWAY 17-92 LONGWOOD, FL 32750			
3. The mailing	address (if different): 9001 E C	OLONIAL DR ORLANDO, FL 32817			
4. Date of incor	poration/qualification: 12/27/2	2004 Document number: P04000171942			
	d street address of the current retrieved, er	egistered agent and registered office on file with the ter resigned)			
	LOWMAN, JR., WILLIAM R.,	ESQ. SHUFFIELD, LOWMAN & WILSON, P.A.			
	1000 LEGION PLACE, SUIT	ESQ. SHUFFIELD, LOWMAN & WILSON, P.A. A. D. TE 1700			
	ORLANDO	FL 32801			
6. The name and (if changed):	d street address of the new regi	stered agent (if changed) and /or registered office:			
	Corporation Service Compa	ny			
	1201 Hays Street				
	P.O. Box NOT acceptable				
	Tallahassee	FL 32301			
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its registered agent.			
Such change was authorized by the	as authorized by resolution du he board, or the corporation ha	ly adopted by its board of directors or by an officer so as been notified in writing of the change.			
	e & Cioni	Jill Cilmi, Vice President			
y greatu	re oran officer or director	Printed or typed name and title			
of my duties, an document is bei corporation has	M COMMIN WITH THE BEOVICIONS	l agent and agree to act in this capacity. of all statutes relative to the proper and complete performance pt the obligation of my position as registered agent. Or, if this ange in the registered office address. I hereby confirm that the is change.			
By: Whose	\sim	Jill Cilmi, Vice President			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Grace E. Kirby,	Asst. Vice President				
T	yped or Printed Name	-			

* * * FILING FEE: \$35.00 * * *

MAYE CHECKS BAYADLE TO ELODIDA DEBADTA (TAITS) OF STARTE