

P15000048624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

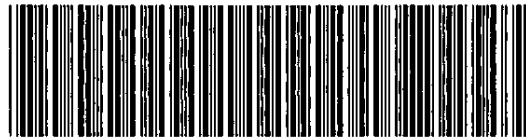
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

JUN - 7 2017

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LUXSEVEN AUTO SALES CORP  
Name of Corporation

**DOCUMENT NUMBER:** P15000048624

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis NUNEZ  
Name of Contact Person

LUXSEVEN AUTO SALES CORP  
Firm/Company

P.O. BOX 9526  
Address

CORAL SPRINGS, FL 33075  
City/State and Zip Code

LUXSEVENAUTOsales@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis NUNEZ at (407) 3346672  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UXSEVEN AUTO SALES CORP.
2. The principal office address: 4701 SW 45TH ST BLVD #17 BAY #18  
DAVIE, FL 33314
3. The mailing address (if different): P.O. Box 9526  
CORAL SPRINGS, FL 33075
4. Date of incorporation/qualification: JUNE 01, 2015 Document number: P15000048624
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LUIS NUNEZ  
13555 SW 49TH CT  
MIRAMAR, FL 33027

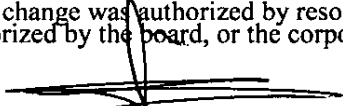
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LUIS NUNEZ  
4701 SW 45TH ST BLVD #17 BAY #18  
DAVIE, FL 33314

P.O. Box NOT acceptable

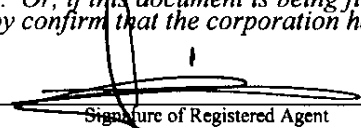
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

LUIS NUNEZ  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

5/30/17  
Date

If signing on behalf of an entity:

LUIS NUNEZ  
Typed or Printed Name

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