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(Re	questor's Name)	
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40 POPL	R. DIGUT AR DRIVE	
Palm coa	IST FL 32	y64 <u> </u>
(Cit	y/State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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Certified Copies	Certificates	or status
Special Instructions to I	-iling Officer:	
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is:	AL CHOICE LLC
2. The mailing address of the limited liability company	is: 40 POPLAR DRIVE
PALM COAST FL 32164	
January 25, 2005 3. Date of filing/registration in Florida	L05000007428
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered of Florida Department of State: Name	uglielmo
2 LEMAY PLACE Address Palm Coast F City, State as	:L 32137 id Zip
6. The name and address of the new registered agent and	/or office:
Name 40 POPLAR DRIG Florida street address (P.O. I PALM COAST FL City, State and	Box NOT acceptable)
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of
(Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registared Agent) (Signature of Registared Agent)	
Division of Corporations, P.O. Box	5327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)