L08000009928

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

N. Carrigue OCT - 8 2008

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ANNYA, LLC				
(Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning to	his matter to the following:			
Nicholas Csendes				
(Name of Person)				
ANINIVA 14 O				
ANNYA, LLC (Firm/Company)	,			
	·			
45 Card Sound Drive				
(Address)				
Key Largo, Florida 33037				
(City/State and Zip Code)				
For further information concerning this matte	r, please call:			
Paul Quast	at (763) 546-1200			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations P.O. Box 6327			
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following	g amount:			
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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. Name	e of the limited liability company: ANNYA, LLC	C	#
	rincipal office address of limited liability company (Note: MUST BE STREET ADDRESS)	/: 45 Card Sound Drive Key Largo, Florida 33037	6 6
	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	45 Card Sound Drive Key Largo, Florida 33037	+
January 2		L08000009928 AS 8	
	of filing/registration in Florida Registered Agent and Registered Office shown on	4. Document number the records of the Florida Dept. of States	Company.
	Registered Agent:	Nicholas Csendes	177
R	Registered Office Address:	244 Palmo Way Palm Beach, Florida 33480	
(b) E	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
<u>N</u>	NEW Registered Agent:	Nicholas Csendes	1
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	45 Card Sound Drive		
		Key Largo ■,FL 33037	
If the lin	nited liability company is not organized under the	laws of the State of Florida, it is hereby confirm	ned

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Nicholas Csendes

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)