## #110000021009

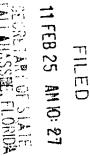
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EXAMINER
MAR 1 2011

## **COVER LETTER**

Division of Corporations		
SUBJECT: AAE HOLDINGS LLC		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
A LINA PEKARSKY  Name of Person		
AAE HOLDINGS LLC Firm/Company		
84 RIVER TRAIL DR. Address		
PACM COAST FL 32/37  City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
ALINA PEKAPSKY at (386 ) 569.5383		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 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 of the limited liability company: _AAE H	OlDings LLC
2. (a) Principal office address of limited liability company	an or a Trans. Na
(Note: MUST BE STREET ADDRESS)	PALM COAST, FL 32137
(b) Mailing address of limited liability company:	SAME ST
(Note: MAY BE POST OFFICE BOX)	The state of the s
01 /13/204	L10000021009
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	EDWARD PEKARSKY
Registered Office Address:	94 RIVER TRAIL DA.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW</u> Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	ALINA PEKARSKY 84 RIVER TRAIS DR.
If the limited liability company is not organized under the legal confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member or authorized representative of a member  ALINA PEKARSKY  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro-	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po. Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	sition as registered ağent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

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

Signature of Registered Agent