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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations						
AMERICAN IV, LLC SUBJECT:						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerni	ng this matter to the following:					
MARK KARA						
Name of Person						
AMERICAN IV, LLC						
Firm/Company						
PO BOX 2225						
Address						
SEFFNER, FL 33583						
City/State and Zip C	ode					
americanbrandy2010@gmail.com						
E-mail address: (to be used for future	e annual report notification)					
For further information concerning this m	natter, please call:					
Brandy Kara	813 315-1714					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	S: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following 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 605.0114 or 605.0116, 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. Na	ame of the limited liability company: AMERICAN I	V, LLC		
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4608 N LOIS AVENUE		РО ВОХ	2225
	TAMPA, FL 33614	_	SEFFNE	R, FL 33583
	07/16/2015		L1500012	2145
3.	Date of filing/registration in Florida	4.	· ·	Document number
5. (a)	MARK KARA			
()	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS	2	 د
	SEFFNER .FL	33584		FE 19 17
(b)	N BROOK NUTTER, P.A. Enter name of NEW Registered Agent and/or NEW Registered	Office ad-	dress:	THEORETY PERSON
	NEW Registered Office Address:			52
	3400 W. Kennedy Blud., S.	vite F	}	
	TAMPA , FL	33609	MIL	
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of its of organization or the operating agreement of the	the regise ability confithe limited l	stered office impany, it is sited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer notifie	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is writing of this change.	ree to act perform d för in C hereby co	in this capa unce of my a Chapter 605, onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
	re of Registered Agent			