L15000184448

(Requestor's Name)	
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COVER LETTER . . .

_	ion Section of Corporations	,	•		
CONTRACTOR AND ACCOUNT	ON, LLC				
	Name of Limited Liability Company				
Dear Sir or Mada	ım:				
The enclosed Reg	gistered Agent/Registered C	Office Change and I	fee(s) are submitted for filing.		
Please return all c	correspondence concerning	this matter to the f	ollowing:		
SCOTT FULLERT	TON				
	Name of Person		_		
AKON, LLC					
	Firm/Company		_		
2741 St Jo	ohns Ave				
	Address				
Jacksonvil	le FL 32205				
	City/State and Zip Code				
scott@akonlle.com	1				
E-mail addr	ess: (to be used for future a	innual report notific	cation)		
For further inform	nation concerning this matt	er, please call:			
SCOTT FULLERT	TON	989 at (414-1209		
١	Name of Person	ut (Area Code & Daytime Telephone Number		
Registra Division P.O. Box	Address: tion Section of Corporations x 6327 see, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	l is a check for the followi	ng amount:	Tallahassee, FL 32303		
≅ \$25 Fi			5 Filing Fee & Certified Copy		

INHS18 (2/14)

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.

l. Na	me of the limited liability company: AKON, LLC			
2. (a)	2741 St Johns Ave	(b)	2741 St Johns Ave	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability com (Note: MAY BE POST OFFICE BO	
	Jacksonville FL 32205		Jacksonville FL 32205	
	9/24/2009	LE	5000184448	
	Date of filing/registration in Florida	4.	Document number	
. (a)	SCOTT FULLERTON			
` '	Registered Agent and Registered Office shown on the records of the 222 S. 3RD ST.	he Florida De	pt, of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>	202 2	
	FERNANDINA BEACH , FL	32034	2022 AUG TO PH	
(b)	SCOTT FULLERTON		CO TO	हु क्या क्या है इस्त्राच्या
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres	<u>ာ</u>	
	2741 St Johns Ave		~ 2 8	
	NEW Registered Office Address:			
	Jacksonville FLFL	32205	5	
hange gent w vas/we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the l	egistered o pility comp the limited	office and the business office of the regis any, it is hereby confirmed that the chan I liability company or as otherwise provi	tered ge(s)
_	Xw'l	SCOTT	FULLERTON	
Signat	ure of a rhember or authorized representative of a member		Printed or typed name of signee	
rovisio he obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have time this change.	e to act in i performance for in Cha preby confi	this capacity. I further agree to comply e of my duties, and I am familiar with an pter 605, F.S. Or, if this document is be rm that the limited liability company has	with the d accept ing filed been