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(Re	questor's Name)	
(Ad	dress)	
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		! :
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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17 SEP -5 PH 12: 43
SECRETARY OF STATE

S. WARREN SEP 0 7 2017

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	A & R CABINETS, LLC	ļ i		
		iame o	f Limited Li	ability Company
Dear S	ir or Madam:	l		
The en	closed Registered Agent/Registered	l Office (l	Change and	fee(s) are submitted for filing.
Please	return all correspondence concernin	this m	atter to the	following:
Nanc	y Luna	1		
	Name of Person	;		 -
		ı		
Legal	linc Corporate Services Inc.	1		
	Firm/Company	1		
1060	1 Clarence Dr. Ste. 250	i .		
	Address	<u>:</u>		<u></u>
	ricareno			
Frisco	o, TX, 75033	1		
	City/State and Zip Coo	ė,	. .	
ra@le	egalinc.com			
—— <u>—</u>	E-mail address: (to be used for future	ລຸ່ກ ຕແລໄ	report notifi	ication)
For fur	rther information concerning this ma	t <mark>e</mark> r, ple	ase call:	
Nanc	y Luna	; ا	844 at (386-0178
	Name of Person		\	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		Ma	AILING ADDRESS:
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building). Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	1	Tal	lahassee, Florida 32314
	Enclosed is a check for the follow	ing am	ount:	
	☑ \$25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy
INHSE	8 (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.

normalia.				
Name of the limited liability compa	any: A & R CABIN	ETS, LI	LC	
2. (a)	<u> </u>	(b		
Principal office address of limit (Note: MUST BE STRE			N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
7403 MOFFITT RD	:		7403 MC	DFFITT RD
LAND O LAKES, FL 3463	8	_	LAND O	LAKES, FL 34638
05/18/2016			L160000	097580
Date of filing/registration	on in Florida	4.		Document number
LEGALINC CORPORATE	SERVICES, INC.			
Registered Agent and Registered Office	shown on the records of	the Florida	Dept. of State:	· ::
	<u> </u>			
Registered Office Address (MUST)	1	<u>ADDRESS</u>	1	
5850 GRANITE PARKWA	Y, SUITE 215			
PLANO	, FL	75024		
(b) LEGALINC CORPORATE				F 17 SEP SECRET ALLAN
Enter name of NEW Registered Agent	and/or NEW Registered	Office add	<u>iress</u> :	TANK TANK TANK
	ı			SEE!
NEW Registered Office Address:	1			PHIZ: 43 FOR STATE EE, FLORID
5237 SUMMERLIN COMM	иои¦s вLVD, sui	TE 400		A TE SAIR
FORT MEVERS	; 	00007		
FORT MEYERS	, FL	33907		
f the limited liability company is not or the change or changes are made, the Flo gent will be identical. Or, in the case of was/were authorized by an affirmative whe articles of organization or the operat	orida street address of of a Florida limited lia rote of the members o	the regis ability co of the lim	stered office impany, it is ited liability	and the business office of the registe shereby confirmed that the change(s) company or as otherwise provided in
ROLAND GANTS Signature of a member or authorized epresent		R	OLAND J	
•	l			Printed or typed name of signee
I hereby accept the appointment as reg rovisions of all statutes relative to the he obligations of my position as registe o merely reflect a change in the registe otified in writing of this change.	istered agent and agr proper and complete red agent as provided red office address, 1)	ee to act performed d for in C hereby co	in this capa ance of my a hapter 605, onfirm that t	icity. I further agree to comply with I luties, and I am familiar with and acc , F.S. Or, if this document is being fi the limited liability company has been
Manay Lum	I			
Signature of Registered (Agent				

FILING FEE: \$25.00