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(Re	equestor's Name)	
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(Cr	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B)	usiness Entity Name)	···-
(50	isiness Entity Name,	•
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE VISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AFC LLC (Name of Limited	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
ALINA SILVERS (Name of Person)	
NRAI Services, Inc (Firm/Company)	
2731 Executive Park Drive Ste 4	
(Address)	
WESTON, FL 33331	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
ALINA SILVERS at (9	54 ₎ 318-2787
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	unt:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy



National Registered Agents, Inc.

... "NRAI, the best choice for statutory representation"

FILING REQUEST

November 5, 2007

Florida SECRETARY OF STATE

Type of Filing:

Change of Registered Agent

Subject(s):

AFC LLC

Form(s) Enclosed:

Statement of Change of Agent

Supporting Documents(s):

Check Enclosed:

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

PLEASE CALL ME AT: 1 877-261-6823 IF THERE ARE ANY QUESTIONS.

Thank you!

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.

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1. The name of the limited liability company i	S: AFC LLC	
2. The mailing address of the limited liability	company is : 13680 NW 5TH STREET STE 220	
SUNRISE, FLORIDA 33325		
05/17/2007	M0700002937	
3. Date of filing/registration in Florida	4. Document number	•
	gistered office address as shown on the records of t	the
CORPDIRECT AGEN	NTS, INC.	SEIVIO
	Name	1350
515 EAST PARK AV		を 発売 のごっ
TALLALIA DEE EL 20		ARY CARY
TALLAHASEE FL 32 Cit	y, State and Zip	걸유년
6. The name and address of the new registered		Y OF STATE CORPORATIONS
NRAI Services, Inc.		ζň
0704 Fur autice Bartol	Name	
2731 Executive Park I	ess (P.O. Box NOT acceptable)	
1 forda sireet addie	255 (1.0. Box IVO 1 acceptable)	
Weston	FL 33331	
City,	, State and Zip	
confirmed that after the change or changes are and the business office of the registered agent liability company, it is bereby confirmed that the	d under the laws of the State of Florida, it is hereby made, the Florida street address of the registered of will be identical. Or, in the case of a Florida limite the change(s) was/were authorized by an affirmative or as otherwise provided in the articles of organ lity company. The provided in the articles of organ lity company.	office ed
(Printed or typed name of signee)		
comply with the provisions of all statutes related and I am familiar with and accept the obligation of the complex of the configuration of the complex of th	agent and agree to act in this capacity. I further a live to the proper and complete performance of my ons of my position as registered agent as provided a filed to merely reflect a change in the registered lity company has been notified in writing of this change.	agree to duties, for in office lange.
Alina Silvers, Asst Sec.		

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