## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CHARLES BACLET AND ASSOCIATES INC

Account Number : I20080000054 Phone : (949)955-9585

Fax Number : (800) 562-6504

SECRETARY OF STATE
TALL AHASSEE FLORIDA

RECEIVED BJAN 13 AM 8: OC ECRETARY OF STATE

## REGISTERED AGENT CHANGE

AMERICAN WARRIOR NETWORKS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu

EXAMINER

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TO:850 617 6381

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: American Warrior Networks, 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:

Nicole Parnell		
(Name of Person)		
		TAL
Charles Baclet and Associates, Inc.		C C
(Firm/Company)		ÉM
		≥≥
		CRETARY LAHASSEI
2875 Michelle Drive, Suite 100		m <sub>C</sub>
(Address)	<del></del>	# <del>11</del>
		22.2
Irvine, CA 92606		ORIDA
(City/State and Zip Code)		***
For further information concerning this matte	er, please call:	
	<b>,</b>	
Nicole Pamell	at (949)_955-9585	
(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:

2 \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LUMITED 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.

<ol> <li>Name of the limited liability company: <u>American V</u></li> </ol>	Varrior Networks, LLC	
<ol> <li>(a) Principal office address of limited liability compan (<u>Note: MUST BE STREET ADDRESS</u>)</li> </ol>	ny: 4400 PGA Boulevard Suite 902 Palm Beach Gardens, FL 33410	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4400 PGA Boulevard Suite 902 Palm Beach Gardens, FL 33410	
10/31/2007	M07000006486	
3. Date of filing/registration in Florida	4. Document number	
<ol> <li>(a) Registered Agent and Registered Office shown on Registered Agent:</li> </ol>	the records of the Florida Dept. of Sinte S	
Registered Office Address:	1200 South Pine Island Road $\frac{SR}{RR}$ ω Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Orive Suite 4	
If the limited liability company is not organized under the that after the change or changes are made, the Florida street	Weston ,FL 33331  laws of the State of Florida, it is hereby confirmed et address of the registered office and the business	
office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company.	case of a Florida limited liability company it is	
Signature of a member or authorized representative of a member)	- <del></del>	
Timothy Evard, Manager (Printed or typed name of signee)	<del></del>	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prain familiar with and accept the obligations of my position F.S. Or, if this document is being filed to makely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to oper and complete performance of my dulies, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.	
(Signature of Registered Agent) Jose Castellanos, Assistant Secre	ntary	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

**FILING FEE: \$25.00**