

L11000114680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

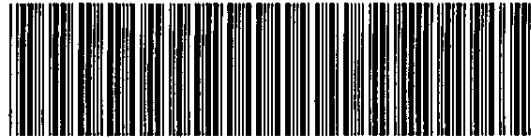
Special Instructions to Filing Officer:

**A. LUNT**

DEC -1 2011

**EXAMINER**

Office Use Only



700214566557

11/30/11--01012--002 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 NOV 30 PM 3:30

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADDISON KENWAY & ASSOCIATES  
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:

HECTOR FRANQUI

Name of Person

ADDISON KENWAY & ASSOCIATES

Firm/Company

22860 SAILFISH ROAD

Address

BOCA RATON, FL 33428

City/State and Zip Code

HEC 691 @ AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOREEN SAAVALEZ at (954) 532-7948

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:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
2011 NOV 30 PM 3:30  
STATE OF FLORIDA  
TALLAHASSEE

# 850-245-6945

**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.

1. Name of the limited liability company: Addison Kenway & Associates, LLC
2. (a) Principal office address of limited liability company: 1440 CORAL RIDGE DRIVE  
CORAL SPRINGS FL 33071-5433  
ST 119  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: AS ABOVE  
**(Note: MAY BE POST OFFICE BOX)**
3. Date of filing/registration in Florida: 10/6/11
4. Document number: L1130114680
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: UNITED STATES CORPORATION  
AGENTS INC  
Registered Office Address: 13302 WINDING OAK CT  
STA TAMPA FL 33612
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: HECTOR FRANQUI  
NEW Registered Office Address: 1440 CORAL RIDGE DRIVE  
(MUST BE FLORIDA STREET ADDRESS) ST 119 CORAL SPRINGS  
FL 33071

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X Hector Franqui  
Signature of a member or authorized representative of a member

X HECTOR FRANQUI  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X Hector Franqui  
Signature of Registered Agent

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

FILED  
NOV 30 PM 3:00  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS