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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Acme Holdings, LLC (Name of	of Limited Liabil	ity Company)	_
<u>C</u>		, ,,	
Dear Sir or Madam:			
The enclosed Registered Agent/Registere	d Office Change	and fee(s) are submitted for fi	ling.
Please return all correspondence concerni	ing this matter to	the following:	
Douglas R. Aiosa			<u>~</u>
(Name of Person)		_	OT DEC -3 AM 11:49 SECRETARY OF STATE TALLAHASSEE FLORID
Cavco of North Florida, Inc.			題。
(Firm/Company)		_	ASSE SEE
			Hon 差
9995 Gate Parkway, Suite 150			
(Address)			
Jacksonville, FL 32246			
(City/State and Zip Code)		_	
For further information concerning this m	natter, please call	:	
Douglas R. Aiosa	at (904	636-0032	_
· (Name of Person)		(Area Code & Daytime Teleph	one Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	
Enclosed is a check for the follow	wing amount:		
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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. The name of the limited liability company is: Acme Holdings, LLC 2. The mailing address of the limited liability company is: 9995 Gate Parkway North, Suite 150 Jacksonville, Florida 32246 November 13, 2000 L00000013955 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Robert L. Crawford Name 9995 Gate Parkway North, Suite 150 Address Jacksonville, Florida 32246 City, State and Zip 6. The name and address of the new registered agent and/or office: Felix A. Crawford Name 9995 Gate Parkway North, Suite 150 Florida street address (P.O. Box NOT acceptable) Jacksonville FL 32246
City, State and Zip 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. of a member or authorized representative of a member) 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 ham 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. (Signature of Registered Agent)

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

INHS18 (8/05)