HO100005504

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	



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SECRETARY CONTROL
ALLAHASSEE, FLORID

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: American Pride Building Co, LC
2. The mailing address of the limited liability company is: 2104 Cape Corac Pking (D)
Cape Come, FL 33914
3. Date of filing/registration in Florida LO100005564 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:
Kose Anna Allan
1615 ORCHID BLUD #101
Address
Cape Coeal, FL 33904
6. The name and address of the new registered agent and/or office:
SAL ALIAN
2314 SW 38th TELRACE ST
Florida street address (P.O. Box NOT acceptable)
PAGE CARRI ET 22914
CAPE COEAL FL, 33914 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. (Signature of a member or authorized representative of a member)
(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 familist with and accept the obligations of my position as registered agent as provided for in Chapter 108/FIS Or, if this document is being filed to merely reflect a change in the registered office address I have by 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