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American Asset, Llc 1440 Coral Ridge Dr. #312 Coral Springs, FL 33071

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Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name)	(Document #)	<u> </u>	
2	<u> </u>	0000051	472306° 2-01006-023
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NEW FILINGS	AMENDMENTS		IDA 24
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., C Change of Registered Dissolution/Withdraw Merger	Agent	799
OTHER FILINGS	REGISTRATION/QUAL	IFICATION ((-() ()
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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: The vican Asset Uc
2. The mailing address of the limited liability company is:
1440 Coral Ridge Dr #312, Coral Springs FL 33021.
08/24/01 /
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:
William Paul Bunnell
4853 NW 124th Way
Coral Spring 1 FL 33076 City State and Zip
6. The name and address of the new registered agent and/or office:
William Paul Bunnell
1440 Coval Ridge Dr #312 Florida street address (P.O. Box NOT acceptable)
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 rote 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 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