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SECHETARY OF STATE
MILLAMASSEE, FLORIDA



J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Orbook Shufton 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:			
Name of Person Calbook Onvertors, L Firm/Company	<u>IC</u>		
2005 Musery Rd -	-Leasing OFE		
Cleawater & 33764 City/State and Pip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Vashira Montañez at ()	727 536-3562		
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		

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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:	abrestors LLC
2. (a) 2225 Muser-Pel	(b) 2225 Mulsery Ad
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
Clamater & SSIGT	
Leasing Office	leasing &fice
2/22/21	101000011010
3. Date of filing/registration in Florida	4. Document number
1/m Milabini	4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the	e Florida Dent of State:
2225 Nuker Pd	o noma 2 sp. o. state.
Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS)
Leasung Office	
al respectation	427/2U
FL_	
(b) Vashira Montañez	
Enter name of NEW Registered Agent and/or NEW Registered O	Office address:
2005 Nuesees Pd	25 55
NEW Registered Office Address:	
leasing office	
2/	ORIE 5
Clarenater, FL	<i>33764</i>
If the limited liability company is not organized under the laws	s of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liab	he registered office and the business office of the registered
was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the lin	the limited liability company or as otherwise provided in
the state of organization of the operating agreement of the in	Storon A Schoolar
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 provisions of all statutes relative to the proper and complete pe	e to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and accept
provisions of all statutes relative to the proper and complete pe the obligations of my position as registered agent as provided to to merely reflect a change in the registered office address, I he	for in Chapter 605, F.S. Or, if this document is being filed creby confirm that the limited liability company has been
notified if writing of this change	
Signature of Registered Agent	
Division of Corporations P.O. Bo	ox 6327• Tallahassee, FL 32314

FILING FEE: \$25.00

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: (albook alwesters, LLC)
2. (a) 2225 Musers - Pd (b) 2225 Musery Pd
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Clamater RI 35769 (Habuater RI 35164
Leasing Office Leasing Extice
8/23/01
3. Date of filing/registration in Florida 4. Document number
5. (a) KIM TIKOREZUL
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2005 Thesery Rd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Dusay once
Clauditer, FL 33764
Vacline 1/2-1
(b) Vashira Montane z Enter name of NEW Registered Agent and/or NEW Registered Office address:
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2005 Nulseer Rd
NEW Registered Office Address:
Leasing Ofice
Clare - Low 22711
Clarewater ,FL 33764
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.
Land Schoole Storm 1 Schooler
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
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 605, 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
5
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00