Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

AIK DAYTONA BEACH LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35,00

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Corporate Filing Menu

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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: All	K DAYTONA BEACH LLC
	ility company: 28099 NORTH WOODLAND
(b) Mailing address of limited liability cor (Note: MAY BE POST OFFICE BO	npany: 28099 NORTH WOODLAND PEPPER PIKE OH 44124
	78E
2/8/2002	L02000003278 FR
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Offic	ce shown on the records of the Florida Dept. of Single
Registered Agent:	A.C.C.CO.
Registered Office Address:	ORLANDO FL 32801 US
NEW Registered Agent:	C T Corporation System
NEW Registered Agent: NEW Registered Office Address:	1200 South Pine Island Road
<u>(MÜST BE FLORIDA STREET ADI</u>	Plantation FL 33324
that after the change or changes are made, the office of the registered agent will be identical. hereby continued that the change(s) was/were	ed under the laws of the State of Florida, it is hereby confirmed Florida street address of the registered office and the business Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited the articles of organization or the operating agreement of the
Signature of a member or authorized representative of a mem	nbor)
(Printed or typed name of signet)	12/6
I hereby accept the appointment as registered comply with the provisions of all statutes relat am familiar with and accept the obligations of F.S. Or, if this document is being filed to mer confirm that the limited liability company has	l agent and agree to yet in this capacity. I further agree to ive to the proper and complete performance of my duties, and I my position as registered agent as provided for in Chapter 608, ely reflect a change in the registered office address, I hereby been notified in writing of this change.
By: (Signature of Registered Agent) Gallet Q	Bull Barbara A. Burka Special Assistant Secretary

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

INHS18 (05/08)