## L03000008060

(Requestor's Name)			
Arizona Fede 7333 Coral V Miami FL 33	Vay		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
		:	
: · . (Do	cument Number)	\$	
Certified Copies	_·· . Certificate:	s of Status;	
Special Instructions to Filing Officer:			

Office Use Only



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10/01/09--01031--004 \*\*25.00



J. BRYAN

OCT - 2 2009

EXAMINER

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

liability company submits the following statement in order agent, or both, in the State of Florida.	r to change its registered office or registered
1. Name of the limited liability company: Arizona Fe	deral LLC
2. (a) Principal office address of limited liability company	: 7333 Coral Way
(Note: MUST BE STREET ADDRESS)	Miami FL 33155
(b) Mailing address of limited liability company:	7333 Coral Way
(Note: MAY BE POST OFFICE BOX)	Miami FL 33155
3/05/2003	L03000008060 PE S
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State
Registered Agent:	Myron J.Rayvis
Registered Office Address:	7780 SW 142 ST 温高
	Palmeto Bay, FL 33158
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Anthony L.Davide
NEW Registered Office Address:	7333 Coral Way
(MUST BE FLORIDA STREET ADDRESS)	Miami ,FL33155
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Anthony L. Davide Printed or typed name of signee	· •
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	Kind of the second of the seco

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