L03000024202

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						





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SECKETARY OF STATE

COVER LETTER .

TQ:	Registration Section Division of Corporations		
SUR	JECT: A NOY DEVELOPMENT, L	LC	
БСВ		me of Limit	ed Liability Company
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.
Please	e return all correspondence concerning the	his matter to	the following:
Fion	a Sabin		
	Name of Person		
A NO	OY DEVELOPMENT, LLC		
	Firm/Company	* ** 10 ···	
1305	55 SW 238TH Street		
	Address		
Hom	nestead, FL 33032		·
	City/State and Zip Code		
fiona	as@cows-usa.com		
	E-mail address: (to be used for future an	nual report	notification)
For fi	urther information concerning this matter	r, please call	:
Fion	a Sabin	786	242-6800
	Name of Person	at (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	g amount:	
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy



November 19, 2015

FIONA SABIN 13055 SW 238TH STREET HOMESTEAD, FL 33032

SUBJECT: A NOY DEVELOPMENT, LLC

Ref. Number: L03000024202

We have received your document for A NOY DEVELOPMENT, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 615A00024471

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. Na	ame of the limited liability company: A NOY DEV	ELOPMENT, L			
2. (a)	A NOY DEVELOPMENT, LLC	(b) A NC	DY DEVELOPMENT, LLC		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	13055 SW 238TH STREET	1305	5 SW 238TH STREET		
	HOMESTEAD, FL 33032	НОМ	HOMESTEAD, FL 33032		
	06/03/2003	L0300	0024202		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	SIMONS, BARRY LESQ				
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of	State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 9100 S DADELAND BLVD, SUITE 400		— ТАS 1		
	MIAMI , , , F	_{.L} 33156	6 JAN		
(b)	LEGON, FODIMAN, P.A. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ASSEE FLORII			
	NEW Registered Office Address:				
	1111 BRICKELL AVE, SUITE 2150				
	MIAMI, F	_{-L} 33131			
the changent was/w the art I here provis the obto med	dimited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization on the operating agreement of the street of a member or authorized representative of member obly accept the appointment as registered agent and a lious of all statutes relative to the proper and comple in the proper of the pro	of the registered o liability company, s of the limited liability liability	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Printed or typed name of signee		