103000039637

Thomas C. Santono (Requestor's Name)		
1700 Wells Road (Address)		
Suite 5 (Address)		
Orange Park Fl 32073 (City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number) Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Planting and the second of the		
Legimen		
Office Lice Only		
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2005 ARI - 7 P 3 19
SECTION 3.65-586.65

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. The name of the limited liability company is:	A & T, L.L.C.
2. The mailing address of the limited liability com	pany is: 2427 Golf View Drive,
Orange Park, Florida:	-
October 10, 2003	L03000039637
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	red office address as shown on the records of the
	QVOC DO
	Name
	wk Lane # 14102 ddress
	ark, Florida 32003
City, S	tate and Zip
6. The name and address of the new registered age	nt and/or office:
Thuy H.	Wuh
	ame .
2427 GOL	P.O. Box NOT acceptable)
	•
Orange park,	FL 32003 te and Zip
liability company, it is hereby confirmed that the c the members of the limited liability company or as the operating agreement of the limited liability con	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or
(Signature of a member or authorized representative of a member)	T (7)
- Thay Huynh	
(Printed or typed name of signee)	
I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations. Chapter 608, F.S. Or, if this document is being fil address, I hereby confirm that the limited liability (Signature of Registered Agent)	nt and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)