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Name:	AMERIKAN, LLC			
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Thank you!

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. 8	lame of the limited liability company: AMERIKAN, Li	I.C			
2. (a)) _ 		
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2006 FORTUNE BLVD SEBRING, FL 33870		2006 FORTUNE BLVD SEBRING, FL 33870		
	03/24/2004		1.04000022886		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	Registered Agent and Registered Office shown on the records of HOWELL, RYAN Registered Office Address (MUST BE FLORIDA STREET) 2006 FORTUNE BLVD				
	SEBRING, FI	33870 L			
(1.)	C T Corporation System				
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 1200 South Pine Island Road 1200 South Pine I				
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation FI	L			
the chagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the la range or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the authorized Full autre of a member or authorized representative of a member	iws of the of the regis lability co of the limited li	State of Florida, it is hereby confirmed that after tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in		
Signature of a member or authorized representative of a member			Printed or typed name of signee		
provi: the ob to met	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	e performa ed for in C hereby co	nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been		
By:	CT Corporation System Stephanie Stephanie	Hncz Assist	ant Secretary		
Signat	ure of Registered Agent				

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