LO50000 37824

(Re	questor's Name)	
(Ad	dress)	
———(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		,
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(Du	siness Entity Nar	ne)
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COVER LETTER					
TO: Registration Section Division of Corporations	ģ.				
SUBJECT: A & C Investments, LLC (Name	e of Limited Liability Company)				
Dear Sir or Madam:					
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.				
Please return all correspondence concern	ning this matter to the following:				
George G. Pappas					
(Name of Person)	SECH				
George G. Pappas P.A.	SECHE JARY OF STATE SECHE JARY OF STATE TAIL A SECRE FICHIO				
(Firm/Company)	TO 3				
1822 North Belcher Road, Suite 200	O. 29				
(1 (4410))					
Clearwater, Florida 33765					
(City/State and Zip Code)					
For further information concerning this	matter, please call:				
George G. Pappas	at (727) 447-4999				
(Name of Person)	(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 follo	owing amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

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 limi	ted liability compan	y is: A & C Investmen	nts, LLC		
2. The mailing address	of the limited liabili	ty company is:			·
2770 Resnik Circle West,	Palm Harbor, Florida	34683			
04/18/2005			5000037824		
3. Date of filing/registra	ation in Florida	4.	Document number		
5. The name of the regis Florida Department o	stered agent and the f State:	registered office add	lress as shown on the	records of the	le
,	George G. Pap	pas PA			
		Name		•	
	901 N Hercules				
·	,—————	Address			
	Clearwater, Flori			· med	0
		City, State and Zip	·) <u>) (</u>	7 S
6. The name and address	s of the new register	ed agent and/or offic	ce:	2H 2H 2H	07 SEP 7 AM 10: 29
	George G. Papp	as P.A.		<u>"</u> 2	7 8
		Name	<u> </u>		E (
	1822 North Belch	er Road, Suite 200		୍ରିୟ	Ö
	Florida street ad	dress (P.O. Box NO	T acceptable)		29
	Clearwater	FL 33765		<u></u>	
,	Ci	ty, State and Zip			
If the limited liability co confirmed that after the and the business office cliability company, it is hof the members of the li or the operating agreeme (Signature of a member or adheron and the confirmed agreement)	change or changes a of the registered age, ereby confirmed tha imited liability comp ent of the limited lia	are made, the Florida nt will be identical. It the change(s) was, pany or as otherwise bility company.	istreet address of the Or, in the case of a F were authorized by a	e registered of Florida limited an affirmative	flice d : vote
ANTHONY GALANA (Printed or typed name of signe	MGRM				
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or if address, Migreby obtified		ed agent and agree lative to the proper d itions of my position ling filed to merely r ability company has	to act in this capacity and complete perforn as registered agent eflect a change in the been notified in write	y. I further as nance of my d as provided fo e registered o ing of this chì	gree to luties, or in lfice inge.

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

INHS18 (8/05)