

L05000045174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

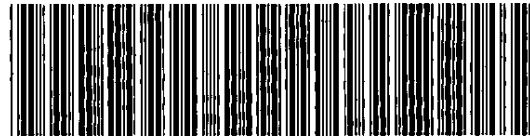
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700183098597

07/15/10--01011--003 **35.00

FILED
2010 JUL 15 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 16 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aanso Development, LLC
Name of Corporation

DOCUMENT NUMBER: L05000045174

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph A. Hutchinson
Name of Contact Person

Aanso Development, LLC
Firm/Company

3035 Powers Ave., Suite 4
Address

Jacksonville, FL 32207
City/State and Zip Code

kate@xeyecorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph A. Hutchinson at (904) 714-2100
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. Name of the limited liability company: AANSO DEVELOPMENT, LLC

2. (a) Principal office address of limited liability company: 3035 POWERS AVE.



(Note: MUST BE STREET ADDRESS)

SUITE 4
JACKSONVILLE, FL. 32207

(b) Mailing address of limited liability company: _____



(Note: MAY BE POST OFFICE BOX)

05-06-05

3. Date of filing/registration in Florida

L05000045174

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

JOSEPH A. HUTCHINSON

Registered Office Address:

1654 SAN MARCO BLVD.
JACKSONVILLE, FL. 32207

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

JOSEPH A. HUTCHINSON

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

3035 POWERS AVE.
SUITE 4
JACKSONVILLE, FL. 32207

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Sign

Signature of

Joseph A. Hutchinson

Printed or typed name and title

Pr

I

co

ar

ac

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

07/12/2010

Date

Si If signing on behalf of an entity:

Joseph A. Hutchinson

Typed or Printed Name