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LD5000096388

MARK E. C	CLEMENTS.	, P.A.
310 Ea Lakeland Telephon	ast Main Street d, Florida 33801 e (863) 687-2287 e (863) 682-7385	
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SECRETARY OF STATE

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: A+O.	Investments, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 439 S. Florida Avenue Svite 300 Lakeland, Fl 33801
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same
9 23 2005 3. Date of filing/registration in Florida	L05 00096388 4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of
Registered Agent:	MARK E. CLEMENTSON W
Registered Office Address:	310 E. Hain Street 5
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	EDWARD A. Allen
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	439 S. Florida Avenue Suite 300 Unkeyado ,FL 33801
If the limited liability company is not organized under the lethat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.	address of the registered office and the business are of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	-
EDWARD A , Allew	_
(Printed or typed name of signee) I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the production am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.

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