## L0600060020

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

Division of Corporations		
SUBJECT: ALL AROUND INSIDE OUT		
(Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Kyle Wietecha (Name of Person)		
(Name of Person)		
ALL AROUND INSIDE OUT		
(Firm/Company)		
7430 GULF Highlands Drive		
(Address)		
Port Ricky FL 34668  (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Kyle Wietecha at (727) 505-4414		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 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. Name of the limited liability company: AU ARC	JUO BOIZNI ONU
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 7430 GULF HIGHLANDS Dr.
	PORT RICHEY FL 34668
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	"_SAME "
10/05/2006	40600060020
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State
Registered Agent:	USA-RA LLC
Registered Office Address:	873 W BAY Drive Suite 105
	CARGO FL 33770
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Kyle Wietecha
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7430 Golf Highlands Drive
	Port Ricky ,FL 34668
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company.  (Signature of a member or authorized representative of a member)	et address of the registered office and the business
Kyle Wietecha	
(Printed or typed name of signee)	<del>-</del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the praint 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 notifie	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.
(Signature of Rogistered Agent)	

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