(Requestor's Name)	
(Address)	800134529928
(Address) (City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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TO: Registration Section Division of Corporations	
SUBJECT: Ames Family, LLC	ne of Limited Liability Company)
(INAII)	le of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Brent J Myers, CPA	
(Name of Person)	
Brent J. Myers, P.A.	
(Firm/Company)	
3333 Clark Road, Suite 100	
(Address)	
Sarasota, FL 34231	
(City/State and Zip Code)	,
For further information concerning this m	atter, please call:
Chuck Brandon	at (941) 923-4085
(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 follow	ving amount:
	☐ \$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. Name of the limited liability company: Ames Fami	ly LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 4419 Samoset Drive Sarasota, FL 34241	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
12/21/06	L06000121564	
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:	John M Compton	
Registered Office Address:	1819 Main Street Suite 610 Sarasota, FL 34236	⊞
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
NEW Registered Agent:	Brent J. Myers, CPA	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3333 Clark Road Suite 100 Sarasota,FL 34231	8
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.		
(Signature of a member or authorized representative of a member)	-	
Thomas J. Ames (Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram 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	CO : ***	
(Signature of Registered Agent)	SEE E U	
Division of Corporations, P.O. Box		

FILING FEE: \$25.00

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