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(Address)						
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PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
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Special Instructions to Filing Officer:						
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TO: Registration Section Division of Corporations	·					
American Investment Equity, LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
Amy M. Vo, Esq.						
Name of Person						
Vo Law						
Firm/Company						
97 Orange Street						
Address						
St. Augustine, Florida 32084						
City/State and Zip Code						
amy@volaw.us						
E-mail address: (to be used for future annu	ual report notification)					
For further information concerning this matter, p	please call:					
Amy M. Vo, Esq.	904 815-0001 at ()					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following a	amount:					
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: American Investm						
2.	(a)	13910 CR 13 North	(b) 13910 CR 13 North					
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		St. Augustine, Florida 32092		St. Augus	tine, Florida 32092			
			_					
		05/30/2007	_	L07000057	7069			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	Larry T. Griggs						
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
		Registered Office Address (MUST BE FLORIDA STREET A	- : -					
		Suite 202B, 1301 Plantation Island Drive South			· -			
		St. Augustine	32080-3	112	-			
		Amy M. Vo, Esq.			-			
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	005		- : . 5			
		Enter hance of NEW Registered Agent and/of NEW Registered	Quice at	<u>101753;</u>	·· 			
					estered.			
		NEW Registered Office Address:		• •	_			
		97 Orange Street			_			
		St. Augustine	32084					
		, FL	32084	-	_			
ch ag w:	ange ent v as/w	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	register bility co f the lin	ed office an empany, it i nited liabilit	of the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in			
ſ	Janet J. Scott, Manager							
		ture of a member or authorized representative of a member	<u></u>	_	Printed or typed name of signee			
pr th to	ovisi e obi mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete i igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	perform I for in t	ance of my Chapter 60:	duties, and I am familiar with and accept 5. F.S. Or if this document is being filed			
S	gnatu	re of Registered Agent						
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314							

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