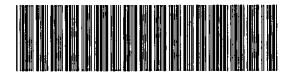
## L070000 70175

(Requ	uestor's Name)					
(Address)						
(Addr	ess)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Busi	ness Entity Nar	ne)				
(Docu	ument Number)					
Certified Copies	Certificates	s of Status				
Special Instructions to Fi	ling Officer:					

Office Use Only



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SECRETARY OF STATE
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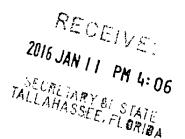
## COVER LETTER

TO: Registration Section Division of Corporations	,	·
SUBJECT: A NOY DEVELOPMENT II,	LLC	
	ne of Limite	d Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to	the following:
Fiona Sabin		
Name of Person		
A NOY DEVELOPMENT II, LLC		
Firm/Company		<del></del>
13055 SW 238TH Street		
Address		
Homestead, FL 33032		
City/State and Zip Code		
fionas@cows-usa.com		
E-mail address: (to be used for future ann	ual report n	otification)
For further information concerning this matter,	please call:	
Fiona Sabin	786	242-6800
Name of Person	ar (	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 following	amount:	
■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

INHS18 (2/14)







November 19, 2015

FIONA SABIN 13055 SW 238TH STREET HOMESTEAD, FL 33032

SUBJECT: A NOY DEVELOPMENT II, LLC

Ref. Number: L07000070175

We have received your document for A NOY DEVELOPMENT II, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 115A00024472

## 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:  A NOY DEVEL	.OPMI	ENT II, LL	.C		
2. (	'a \	A NOY DEVELOPMENT II, LLC	(b) A NOY DEVELOPMENT II, LLC				
<i></i> (	<i>,</i>	Principal office address of limited liability company:	_ (0	/	Mailing address of limite		
		(Note: MUST BE STREET ADDRESS)		40055.0	(Note: MAY BE POS		
		13055 SW 238TH STREET	_	13055 8	W 238TH STRE	:E !	
		HOMESTEAD, FL 33032	-	HOMES	TEAD, FL 33032	2	
		07/05/2007		L0700007	70175		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	RAFFERTY, STOLZENBURG, GELLES & FL	YNN!	P.A.			
٥.	(a)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	- <b>e</b> :		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>	-		
		1401 BRICKELL AVE, SUITE 825					
		BALABAL			- 5	16 16	
		MIAMI , FL	33131		 _		
	<b></b> .	LEGON, FODIMAN, P.A.				A N LLOW	
(	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		-	A A A A A A A A A A A A A A A A A A A		
				<u></u>		AM II: 5	
						_SI = €	
		NEW Registered Office Address:			- RIB		
		1111 BRICKELL AVE, SUITE 2150				D	
					-		
		MIAMI	33131				
		, FL <sub>-</sub>			-	·	
		imited liability company is not organized under the law					
age	nt v	inge or changes are made, the Florida street address of twill be identicalOr, in the case of a Florida limited lial	bility co	ompany, it i	s hereby confirmed	that the change(s)	
was	s/wg	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the lim	nited liabilit	y company or as oth	herwise provided in	
	41 ۱.1 سهست	cles of digardation of the operating agreement of the t	mmea			mh.	
Z 2	ignal	ture of a member or authorized representative of a member		7 17 6	Printed or typed name		
	_	, , , , , , , , , , , , , , , , , , ,	e to aci	t in this cap		· ·	
the	ohl	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I have	for in (	Chapter 605	5, F.Ş. Or, if this do	ocument is peing filed	
not	ifi <b>e</b> c	ely reflect a change in the registered office address, I hi I in yrifing of this change.	ггеоу С	onjirm inat	ine iimiiea iiabiiity	company nas been	
_	<u> </u>	Day					
Sig	natu	re of Registered Agent					