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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: American Spirit Property LLC 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:	
Kathleen L. Mank Esq. Name of Person	
Mank Mank PLIC Firm/Company	
425 South Parida Avenue, Suite 103 Address	
Lakeland FL 338U) City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kathleen L. Mank Esq at (863) 808-1344 Name of Person Area Code & Daytime Telephone N	 Vumber
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 & 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.

			سر		
1. N	ame of the limited li	bility company: America	<u>نم کون</u>	rit Property,	LLC
2. (a)			(1) clo Kathleen	L. Mank Esq.
	Principal office	address of limited liability company: UST BE STREET ADDRESS)		Mailing address	of limited liability company: 6 BE POST OFFICE BOX)
		1			
		rican Spirit Road		492 Joneth Cla	rida Avenus, Suite 10
	Winter Ha	ven, FL 3388		Lakeland, F	1 33801
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3.	7/5/3	2 ing/registration in Florida	—– 4.		
<i>J</i> ,		,		150¢umem 1	lumoet ,
5. (a)		egistered Office shown on the records		a Dunt of State:	•
	Registered Agent and R	egistered Office shown on the records	or the riting	a Dept. of State.	
	Registered Office Addr	ess (MUST BE FLORIDA STREE	ET ADDRES	<u></u>	
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	1727 E.	<u> Edgewart Drive, s</u>	14 14 1	0.5	
•	Lakilano		FL <u>33</u>	803_	
(h)					
(þ)			red Office ac	ldress:	
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	NEW Registered Office	11	_		7.0 (A)
	425 South	Florida Avenue	<u>-, Su</u>	K 103	SAS C
					S57.
	Lakelar	nd.	FL <u>33</u> ,	301	₹ 3
If the	limited liability comp	iany is not organized under the	laws of the	State of Florida, it is he	reby confirmed that after
the chagent	ange or changes are r will be identical. Or,	nade, the Florida street address, in the case of a Florida limited	of the regi	stered office and the bus ompany, it is hereby con	iness office of the registered firmed that the change(s)
was/w	ere authorized/by an	affirmative vote of the member of the operating agreement of t	s of the lir	nited liability company o	r as otherwise provided in
tiic ait	Dw (U)				Mork
Signa	ature of a member or author	orized representative of a member		Cathleen L. Printed or typ	ed name of signee
I here	by accept the appoin	ntment as registered agent and a	agree to ac	t in this capacity. I furth	er agree to comply with the
the ob	ligations of my positi	lditive to the proper and comploin as registered agent as provi in the registered agent as provi in the registered office address,	ded for in	Chapter 605, F.S. Or, if	this document is being filed
notifie	ed in writing of this cl	hange.	i nereoy c	опјат тисте итпеа и	иониу сотрину них песн
Signati	ure of Registered Agent				
بالمانيهاب	are or progratered rigorit	i			