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(Requestor's Name)
(Address)
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SECRETARY OF SAME

COVER LETTER

Division of Corporations	
SUBJECT: ERIC A. ARRINGTON & (Name of	A ASSOCIATES, LLC of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Eric ALRINGTON &	.
Eric A. Arrington &	Associates, LLC
U50 Hillsboro Mite	# 616
Hills bor Beach, - (City/State and Zip Code)	11.33062
For further information concerning this mat	ter, please call:
Exic ARRINGTON (Name of Person)	at (454) 547-7755 (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 followi	ng amount:
\$25 Filing Fee	☐ \$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: ERIC A. A	ARRINGTON & ASSOCIATES, LLC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 1150 HILLSBORO MILE - STE 616 HILLSBORO, FL 33062	. G
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1150 HILLSBORO MILE - STE 616 HILLSBORO, FL 33062	- E
. 04/29/2008	L08000043022	
3. Date of filing/registration in Florida	4. Document number	-
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:	9
Registered Agent:	YOLANDA PATINO	VISIC SEC
Registered Office Address:	8635 MANGROVE CAY WEST PALM BEACH, FL 33411	REARING TO SERVICE TO
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Ewic Anlingston	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	HILSON Beach, FL 3306	<u>}</u> - - - -
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	ne laws of the State of Florida, it is hereby confir reet address of the registered office and the busin	ness
Enic A. Askiniston, Esq. (Printed or typed name of signee)	<u> </u>	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my position. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notif	d agree to act in this capacity. I further agree to proper and complete performance of my duties, on as registered agent as provided for in Chapte a change in the registered office address, I here fied in writing of this change.	and I or 608, by

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