08000046970

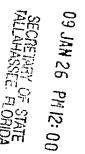
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
·		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



600141835806

01/26/09--01044--014 **25.00



M. THOMAS

JAN 2 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	·			
SUBJECT: FLAmingo 7/6, L (Name of Limite	LC d Liability Company)	- -		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.			
Please return all correspondence concerning this matt	er to the following:			
HAREN NORRIS (Name of Person)				
FLAMINGO 716, LLC (Firm/Company)				
235 Apollo BEACH Blub, Su	<u>ίτε</u> #224			
Apollo BEACH FL 3.357 (City/State and Zip Code)	22	ALLAH ALLAH	09 JA	
For further information concerning this matter, please	e call:	HSS.	126	型語
(Name of Person) at (8)	rea Code & Daytime Telephone Number)	OF STATE FLORIDA	PM 12: 00	Ü
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	nt:			
\$25 Filing Fee	3 \$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: _F/Amin	190716, LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 235 Apollo Beach Blud, Suite #284 Apollo BEACH, FL 33529
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	235 Apollo BEACH BIVA, SUITE#224 Apollo BEACH, FL 33572
O5/09/2008 3. Date of filing/registration in Florida	<u>L08000046970</u> 4. Document number
	diament a fabrical and the Day of Court
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	GOLAEN HOME SOLUTIONS, LLC
Registered Office Address:	212-A Apollo BERCH BLYD Apollo BEACH, FL 33578
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address:	235 Apollo BENCH BIVA, Suite # 224
(MUST BE FLORIDA STREET ADDRESS)	Apallo Bencit FL 33572
If the limited liability company is not organized under the that after the change or changes are made, the Florida streoffice 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.	cet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member)	
$n \cap n$	21. S. E. S.
(Printed or typed name of signet)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notification.	agree to act in this capacity. I further egree to more to move the complete performance of my suffices, and I may be a registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change.
(Signature of Registered Agent)	

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