10800053059

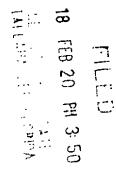
| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates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



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FEB 20 ZOM

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| SUBJECT: Audubon, LLC | | | | | | | | |
| 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 | s matter to the following: | | | | | | | |
| Sharon Laird | | | | | | | | |
| Name of Person | | | | | | | | |
| Firm/Company | | | | | | | | |
| | | | | | | | | |
| 4004 W. San Pedro St. | | | | | | | | |
| Address | | | | | | | | |
| Tampa, FL 33629 | | | | | | | | |
| City/State and Zip Code | | | | | | | | |
| sharon.laird@gmail.com | | | | | | | | |
| E-mail address: (to be used for future annu | ual report notification) | | | | | | | |
| For further information concerning this matter, | please call: | | | | | | | |
| Sharon Laird | 813 7666297 | | | | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | | | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | | | | | | |
| Registration Section Division of Corporations | Registration Section Division of Corporations | | | | | | | |
| Clifton Building | P.O. Box 6327 | | | | | | | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | | | | | | | |
| Tallahassee, Florida 32301 | | | | | | | | |
| Enclosed is a check for the following | 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.

| I. Na | ame of the limited liability company: | | | | | | | |
|----------------------------|---|---|---|--|---------------------------------------|------------|--------------------|--|
| 2. (a) | 4004 W San Pedro St. Tampa El 33629 40 | | | 04 W. San Pedro St., Tampa, FL 33629 | | | | |
| - () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | | • | |
| | 5/29/2008 | - | L080000 | 53059 | | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document nur | mber | | | |
| 5. (a) | Steven Brown | | | | | | | |
| . (-) | Registered Agent and Registered Office shown on the records of the | he Florida | Dept. of Stat | — te: | | | | |
| | 4004 W. San Pedro St., Tampa, FL 33629 | | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | _ | <u>>-</u> | ∴ ಹ | | |
| | | | | _ | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; | 833 | | |
| | , FL | | - | | | | | |
| | | - | | _ | | 20 | | |
| (b) | Lex C. Brown | | | | - , | 2 | U | |
| ` ' | Enter name of NEW Registered Agent and/or NEW Registered | Office ad | dress: | <u></u> | ന ാ 3 (577 | <u>.</u> ω | | |
| | | | | | ₩ | 50 | | |
| | NEW Registered Office Address: | | | _ | | | | |
| | | | | ·•· | | | | |
| | , FL_ | | | _ | | | | |
| he cha igent v vas/w | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l | the regist bility confither the limited limited l | stered offic ompany, it i nited liabilit liability cor | e and the busing is hereby confir ty company or a mpany. | ess office med that | of the re | egistered ge(s) | |
| <u> </u> | 100 | Sha | aron Lairo | | | | | |
| | ture of a member or authorized representative of a member | | , i_ ,L: | Printed or typed | _ | | :41 | |
| provisi he obi o mer | by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change. | n <i>erform</i> . | ance of my | duties and I ar | m Tamiliai | r with an | d accent | |
| A | of C Brown | | | | | | | |
| Signatu | ire of Registered Agent | | | | | | | |