

U8000080504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

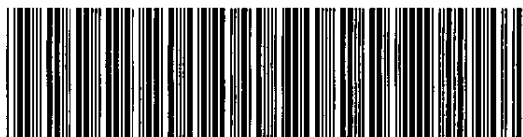
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

AUG 17 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Name of Limited Liability Company *AmPM Orlando LLC*
LOP000080504

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:

Name of Person

Christopher Poe

Firm/Company

AmPM ~~Orlando~~ Orlando LLC

Address

401 SW 4th Ave #1401

City/State and Zip Code

FL Lauderdale, FL 33301

E-mail address: (to be used for future annual report notification)

c.poe@mda01.com

For further information concerning this matter, please call: *954-790-0430*

Christopher Poe

Name of Person

at *(954) 790-0430*

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

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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: AMPM Orlando
2. (a) Principal office address of limited liability company: 401 SW 4th Ave #1408
FT Lauderdale FL 33315
☐ (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 401 SW 4th Ave #1408
FT Lauderdale FL 33315
☐ (Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida 8/22/08
4. Document number LO8 000080504
5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:
Registered Agent: Corporate Service Company
Registered Office Address: 1501 Huys St
Tallahassee FL 32301
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address.
NEW Registered Agent: Christopher Poe
NEW Registered Office Address: 401 SW 4th Ave #1408
(MUST BE FLORIDA STREET ADDRESS) FT Lauderdale FL 33315

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

Christopher Poe

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent