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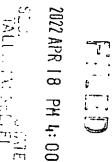
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## COVER LETTER

то:	Registration Section Division of Corporations					
SUBJI	ALL AMERICAN HOLDINGS, LI	LC				
.,01,0	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Of	fice Change and fo	e(s) are submitted for filing.			
Please	return all correspondence concerning the	his matter to the fo	llowing:			
Samue	LJ. Heller, Esq.					
_	Name of Person		-			
Heller	Law, PLLC					
	Firm/Company		-			
111 2n	d Ave. NE, Suite 704					
	Address		<del>-</del>			
St. Pet	ersburg, FL 33701					
	City/State and Zip Code		-			
sheller	@heller-law.com					
—— I:	-mail address: (to be used for future an	nual report notifica	ation)			
For fur	ther information concerning this matter	, please call:				
Samue	l J. Heller	727 at (	828-6071			
	Name of Person	*** \	Area Code & Daytime Telephone Number			
	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
	rananassee, 1 to 52514		Tallahassec, FL 32303			
	Enclosed is a check for the following	g 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 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.

Nai	me of the limited liability company:	ALL AMERICAN	HOLDINGS,	LLC		
(a) _	7315 Hudson Ave., Hudson, FL 34667		(b)			
(") _	Principal office address of limited lia (Note: MUST BE STREET)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	09/19/2008		<del></del>	000089466	<u> </u>	
	Date of filing/registration in	ı Florida	4.	Document n	umber	
(a)	Heller, Samuel J., Esq.	_				
	Registered Agent and Registered Office sho	wn on the records of t	the Florida Dept.	of State:		
	695 Central Avenue					
	Registered Office Address (MUST BE F	FLORIDA STREET A	(DDRESS)			
					202	
	St. Petersburg		33701		1- 2022 APR	
	5. recessoring	, FL	<del></del>	<del></del>	·	
(h)	Samuel J. Heller, Esq.				8	
(b) _	Enter name of NEW Registered Agent and	or NEW Registered	Office address:		- P	
					FI 4: 0	
	111 2nd Ave. NE, Suite 704				] E   00	
	NEW Registered Office Address:					
	St. Petersburg		33701	<del></del>		
	St. retersoong	, FL		<del></del>		
nge nt w	mited liability company is not organi or changes are made, the Florida stre ill be identical. Or, in the case of a least of the case of the cauthorized by an affirmative vote eles of organization or the operating a	eet address of the Florida limited lia	registered offi bility compan	ice and the busines y, it is hereby conf iability company o y company.	s office of the registered firmed that the change(s)	
ignati	are of a bygonomy authorized representative	of a member			ed name of signee	
visió oblig n <b>er</b> el	y accept the appointment as register ons of all statutes relative to the prop gations of my position as registered by reflect a change in the registered of in triling of this change.	ed agent and agre per and complete p agent as providea office address, I h	ee to act in thi performance of for in Chapto ereby confirm	s capacity. I furth of my duties, and I or or 605, F.S. Or, if a that the limited lid	er agree to comply with a am familiar with and acc this document is being fi ability company has beer	

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