20800009a139

(Requestor's Name)			
		,	
(Address)			
(Address)			
(Cit	y/State/Zip/Phon	o.#\	
(Cit	y/State/Zip/Filoti	σ π)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
	_		
Special Instructions to Filing Officer:			

Office Use Only



900152328889

04/30/09--01048--001 **25.00

PILED

09 APR 30 PM 2: 46

SECRETARY OF STATE
FALLAHASSEF FLORICA

D. BRUCE
MAY 0 1 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Amelia Jola (Name of Limi	und Rousts LLotted Liability Company)	C		
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:				
Juliette C. Crump				
Amelia Island Roast	s UC	O9 A SECF TALLA		
822 Sadler Road		APR 30 PH RETARY OF AHASSEE. F		
Fernandina Beach FL 3. (City/State and Zip Code)	2034	Y 2: 46 F STATE FLORIDA	į	
For further information concerning this matter, please call:				
at (Name of Person)	名の仏) <u> </u>	per)		
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			

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:

| Amulia Island Road Road | Company | Company

Traine of the finited flashing company.	
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	y: 5102 Hirth Koad Fernandina Beach, Fl32034
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida	<u>L080000921.87</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Juliette C. Crump
Registered Office Address:	562 High Road Fernandina Beach FL 32031
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	822 Sadler Road Fernandina Beach, FL 32034

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)

Juliette C. Crump

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 the proper agent as provided metallic to the proper and complete performance of the proper agent as provided metallic to the proper and complete performance of the performance of

(Signature of Registered Agent)

(Printed or typed name of signee)

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