## L0900035914

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SECRETARY OF STATE

S. HAWKES
MAY 0 4 2009
EXAMINER

## **COVER LETTER**

TO: Registration Section **Division of Corporations** The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: For further information concerning this matter, please call: (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS: Registration Section** Registration Section

**Division of Corporations** 

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle

Tallahassee, Florida 32301

## 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:	) (AKE HOLDINGS # LLC
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 4701 N. FEDERAL HUY# 309 Dompano 13-Acm, FL 330104
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	AMPANO BEACH, PL SOIO4
3. Date of filing/registration in Florida	<u>L0900035914</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	STEVE SCHLEGTZ -
Registered Office Address:	APR CHICAGO
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1001 N. FEDERAL HWY # 30
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business ase 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)	_
(Printed or typed name of signee)	

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 fampany has been notified in writing of this change.

(Signature of Registered Agent)

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