LD9000045711

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

Office Use Only



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2009 JUL -6 PH 4: 19
SECRETARY OF STATE
AND ANASSEE, FLORIDA

C. LEWIS

JUL 7 2009

EXAMINER

COVER LETTER

T 0 :	Registration Section Division of Corporations			
SUBJ	···		A5H Exchange, LLC	
	Name o	f Limited	d Liability Company	
Dear S	Sir or Madam:		•	
The en	nclosed Registered Agent/Registered	Office (Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning	ng this m	natter to the following:	
<i></i>				
	Steven B Weber		· · · · · · · · · · · · · · · ·	
	Name of Person			
A Gold 2 Cash Exchange				
	Firm/Company			
697 N. Semoran Suite J Address Orlando, Florida 32807				
E-	ohio@aol.com mail address: (to be used for future annual repo	t notificatio	on)	
For fu	rther information concerning this ma	itter, plea	ease call:	
	Steven B. Weber	at (407) 308-9999 or 595-2259	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MAILING ADDRESS:	
	Registration Section		Registration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314	
	Enclosed is a check for the follow	ing amo	ount:	
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy	

Subl:

Address change : A Gold 2 Cash Exchange, LLC

Date:

6/30/2009 2:13:30 P.M. Eastern Daylight Time

From:

To:

corpaddresschange@dos.state.fl.us

Florida Limited Liability Company

À GOLD 2 CASH EXCHANGE, LLC

Filing Information

Document Number L09000045711

FEI/EIN Number

27-0271411

(new)

Date Filed

05/11/2009

State

FL

Status

ACTIVE

Effective Date

05/12/2009

Principal Address(current)

Principal AddressChange to:

5296 JENNIFER PLACE

697 N. Semoran Blvd. Suite J

ORLANDO FL 32807

ORLANDO FL 32807

Mailing Address

Mailing Address change to:

5296 JENNIFER PLACE

697 N. Semoran Blvd Suite T

ORLANDO FL 32807

ORLANDO FL 32807

Registered Agent Name & Address

WEBER, STEVEN B MR.

(Will be sending change form and fee in mail

for this)

5296 JENNIFER PLACE ORLANDO FL 32807 US

****Please change the addresses of the managing partners to the new business address listed above as well.

I am making these requests on behalf of Steven B. Weber the Registered Agent -His # is 407-595-2259 if you have any questions.

A Good Credit Score is 700 or Above. See yours in just 2 easy steps!

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.

Name of the limited liability company:	A Gold 2 Cash Exchange, LLC				
2. (a) Principal office address of limited liability con	mpany: 697 N. Semoran Blvd. Ste. J				
(Note: MUST BE STREET ADDRESS)	Orlando, Florida 32807				
(b) Mailing address of limited liability company:	697 N. Semoran Blvd. Ste. J				
(Note: MAY BE POST OFFICE BOX)	Orlando, Florida 32807				
5-11-2009	LO900045711				
3. Date of filing/registration in Florida	Document number				
5. (a) Registered Agent and Registered Office show	on on the records of the Florida Dept. of State:				
Registered Agent:	Steven B. Weber				
Registered Office Address:	5296 Jennifer Place Orlando, Florida				
	32807				
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:				
NEW Registered Agent:	same				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	697 N. Semoran Blvd Suite J				
INOST DE LEGIODA STREET ADDRESS	Orlando ,FL32807				
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability considerable. Signature of a member or authorized representative of a member	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote				
Steven B. Weber Printed or typed name of signee					
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability configurative of Registered Agent	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office appany has been notified in writing of this change.				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 3231					
FILING FE	E: \$25.00				
INITE 10 (05/00)	그				