L0400066587

(Requestor's Name)		
(Address)		
`	·	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(De	ocument Number)	
(DC	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
Special instructions to	Filing Officer.	

Office Use Only

B. KOHR
JUL 19 20112
EXAMINER



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07/18/12--01010--013 **75.00

SEGRETARY OF STATE DIVISION OF CONFORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
	ited Liability Company
Dear Sir or Madam:	ro en
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing
Please return all correspondence concerning thi	ce Change and fee(s) are submitted for filing sometimes sometimes are submitted for filing sometimes.
Alexander & Schneider	
Name of Person Detty eshalanss// Firm/Company	
430/ ridsemoor DRN Address	
Pg/mhprbol FL 3468 City/State and Zip Code	
Alex looooooo Pool, Co	om ication)
For further information concerning this matter,	please call:
Alex Schneidel a	at (727) 4800877 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

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:	s holdings //c
2. (a) Principal office address of limited liability company	: 430/11dsemoorDRU p. JATA1001FL3468
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Some 18
7/9/9 3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	ALEXANDER SCHNEIGH
Registered Office Address:	43010'dscmool DRN Relimber Box
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> ;	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11389 Cherryhills terrece FL 33498
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby
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 a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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

Signature of Registered Agent