

LO9000083928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

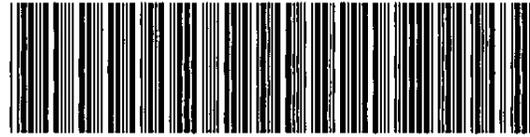
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600223086746

03/05/12--01016--002 **25.00

FILED
2012 MAR -5 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
MAR 7 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Angela Mary Steele LLC
Name of Limited Liability Company

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:

Angela M Steele
Name of Person

American Site Solutions LLC
Firm/Company

5114 Hawkstone Drive
Address

Sanford FL 32771
City/State and Zip Code

angela@americansitesolutions.com
E-mail address: (to be used for future annual report notification)

2012 MAR -5 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

For further information concerning this matter, please call:

Angela M Steele at (407) 687 7041
Name of Person 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: Angela Mary Steele LLC

2. (a) Principal office address of limited liability company: 5114 Hawkstone Drive

(Note: MUST BE STREET ADDRESS) Sanford FL 32771

(b) Mailing address of limited liability company: 5114 Hawkstone Drive

(Note: MAY BE POST OFFICE BOX) Sanford FL 32771

8/28/2009
3. Date of filing/registration in Florida

L09000083928
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Angela M Steele

Registered Office Address: 8169 Emerald Forest Ct
Sanford FL 32771

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: _____

NEW Registered Office Address: 5114 Hawkstone Drive
(MUST BE FLORIDA STREET ADDRESS) Sanford
_____, FL 32771

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.

AMS Steele
Signature of a member or authorized representative of a member

ANGELA M STEELE
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 company has been notified in writing of this change.

AMS Steele
Signature of Registered Agent

FILED
2012 MAR -5 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00