## L09000094290

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	<u> </u>
(Ci	ty/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(В	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
),	Office Use Only	



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12/02/14--01017--004 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

_	ration Section of Corpor					
SUBJECT.	1,,,	Acrist	ions LLC			
SUBJECT: _		Na:	me of Limited Liability Company			
Dear Sir or Ma	dam:					
The enclosed F	legistered A	gent/Registered Of	ffice Change and fee(s) are submitted for filing.			
Please return a	ll correspond	dence concerning t	his matter to the following:			
1.5	1					
WIL	-1AM -	MITH me of Person	<u> </u>			
	Na	me of Person				
,	1					
JA	x Aca	Wishows L	CC			
	Fii	m/Company	<del></del>			
7 (2)	1,56	D. Land	Suit 125			
2101	Y13+a	IGAKWOY	July 103			
	/	Address				
10006	5.	7 , 5	32411			
WEST	Palm	Depok PL	. 33411			
	City/S	tate and Zip Code				
h97	ω Λh- (	Care to				
Email oc	Idroce: (to be	TAGACIAL G	nual report notification)			
E-man ac	uress. (10 00	e used for future an	mual report notification)			
For further info	ormation cor	ncerning this matter	r, please call:			
		C	•			
10/4		Compl	7( 700 (7)			
V*1C	LIM	Sjulti	at( <u>574</u> ) <u>250 - 4700</u>			
	Name of P	erson	Area Code & Daytime Telephone Number			
STRE	ET/COURI	ER ADDRESS:	MAILING ADDRESS:			
	ration Section		Registration Section			
_	on of Corpor		Division of Corporations			
	Building		P.O. Box 6327			
	executive Ce		Tallahassee, Florida 32314			
Tallah	assee, Florid	a 32301				
Enclos	ed is a chec	k for the followin	g amount:			
10						
<b>25</b> \$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 605.0114 or 605.0116, 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. N	ame of the limited liability company:	9415/11	IONS L	LC			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	ZIOI Mai	Vista	Porks of limited I	iability co	
	Suite 125		5	wite	25		
	West Palm Beach A 33411	- <del>-</del>	West	Paim	Bearl	Æ	33411
	9/23/2009		_	<del>7000</del> 9	· · · · · · · · · · · · · · · · · · ·		
3.	Date of filing/registration in Florida	4.	D	ocument	number		
5. (a)	Bosfield Mc Cain, PA Attorney	· + C	reacil				
	Registered Agent and Registered Office shown on the records of the	e Florida Do	ept. of State:				
	2809 Poinsetta Ave						
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)					
					TAL YE	2 7	
	Wast Palm Beach , FL	33407	L		ALLAHASSEE, FLORID	330 J	7
	<u></u>				ASS	-2 PHII: 2	一貫
(b)	WILLIAM SMITH		<del> </del>		ίυ, ω.	Ϋ́⊃ <b>-2</b>	E95
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addre	<u>ss</u> :		77		<u>स्</u>
	JAY Acquisitions LCC				ÖRID	: 22 TATE	
	NEW Registered Office Address:				⊳		
	2101 Vista Parkway Suite	. 125					
	West Palan Beach , FL		<u> </u>				
the cha agent v was/w	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li-	he register bility comp the limite	red office a pany, it is h d liability c pility compa	nd the busereby coreompany of the company of the co	siness offi afirmed the or as other	ce of the at the chairs wise pro	e registered ange(s)
Sione	tute of a member or authorized representative of a member		WICE	rinted or tur	SMITH oed name of	signeg	
_		a to est in					do soith the
provis the ob- to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had infwriting of this change.	e to act in performant for in Cha ereby conf	inis capaci se of my du apter 605, I irm that the	ties, and ties, and ties, or, it is limited to	ner agree I am famil f this docu iability co	io comp iar with ment is mpany i	and accept being filed has been

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

Signature of Registered Agent