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N. Culligan

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A612 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	g this matter to the following:
Maria Tarle, Manager	
Name of Person	
Xandia LLC	
Firm/Company	
3208-C E. Colonial Drive #153	
Address	
0.1	
Orlando, FL 32803	
City/State and Zip Code	
ada92653@yahoo.com	
E-mail address: (to be used for future annual report	notification)
D-man address. (to be used for fature annual report	nonivenous,
For further information concerning this mat	tter, please call:
Maria Tarle	at (407) 353-2798
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 32314
Tallahassee, Florida 32301	rananasse, rionaa sesta
Enclosed is a check for the followi	ng amount:
	\$55 Filing Fee & Certified Copy
X \$25 Filing Fee	app rining ree or 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.

Name of the limited liability company:A612_LLC		
2. (a) Principal office address of limited liability company:	3208-C E. Colonial	<u>D</u> —ive ≭ #253
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32803	CCRE ION
(b) Mailing address of limited liability company:		TARY OF SHOOT CONTROL
(Note: MAY BE POST OFFICE BOX)		<u> </u>
12/08/2009	L09000116558	2.
3. Date of filing/registration in Florida 4	. Document number	
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. o	of State:
Registered Agent:	Agents and Corporations	, Inc.
Registered Office Address:	300 Fifth Avenue South,	Suite 101-330
	Naples, FL 34102	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Registered Office address: Xandia LLC 3208-C E. Colonial Drive	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Orlando, FL 32803	E #155
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company. **Marcia Tarlo** **Signature of a member or authorized representative of a member** **Marcia Tarlo**	ws of the State of Florida, it is	hereby
Maria Tarle Printed or typed name of signee		
I hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my posi Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company is Maxia Taxlo	ree to act in this capacity. I fur er and complete performance of tion as registered agent as prov ly reflect a change in the regist has been notified in writing of t	ther agree to of my duties, vided for in tered office his change.

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

Signature of Registered Agent