## L1000000 22086

(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:		
John John John John John John John John		

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SECRETARY OF STATE
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S. HAWKES

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EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: AUE R INTERNATIONAL LIC  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:			
Rivolph R. BERSTERD Name of Person			
AVER INTERNATIONALILE Firm/Company			
3424 EAGLE RIDGEDE			
DOCKSONVINE Th 3>24			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
YUD STREAMD at (90) SJ 1 4216  Name of Person Area Code & Daytime Telephone Number			
	, ,		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: 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 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.

agent, or both, in the State of Florida.	5 5 33
1. Name of the limited liability company: ANER	INTERNATIONAL LLC
2. (a) Principal office address of limited liability compa	my: 3626 EAGUE RIDGED
(Note: MUST BE STREET ADDRESS)	TACKSONVILLE, FL 32224
(h) Mailing addragg of limited liability company	· · · · · · · · · · · · · · · · · · ·
(b) Mailing address of limited liability company:	To the second se
(Note: MAY BE POST OFFICE BOX)	A APARE 3
2/2/10	1 1000 0027 SEE/ M
3. Date of filing registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept State:
Registered Agent:	Rudolph P. DERGFEW
Registered Office Address:	3626 EAGLE RISEPR
•,	JOEKSON VILLE, FL 5200
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	EW Registered Office address:
	22 - 11 - 12 - 22 - 23 - 24
NEW Registered Agent:	MICHAEL MIDDRE
NEW Registered Office Address:	2304COUNTY SIDE DE
(MUST BE FLORIDA STREET ADDRESS)	LEMING ISLAND, FL 32002
If the limited liability company is not organized under the	e laws of the State of Florida, it is hereby
confirmed that after the change or changes are made, the and the business office of the registered agent will be ide	Florida street address of the registered office
lightility 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 off on the operating agreement of the limited liability compa	nerwise provided in the articles of organization
The opening agreement of the mining manny compa	my.
Signature of a member or authorized representative of a member	<del></del>
7	
Printed or typed name of signee	<del></del>
•	l agree to act in this capacity. I further agree to
comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my	proper and complete performance of my duties, position as registered agent as provided for in
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions.	nerely reflect a change in the registered office any has been notified in writing of this change.
Market Start	•

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

## 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: TEP INTERMATIONAN ALC

2. (a) Principal office address of limited liability company: 2304 County Side Do

(Note: MUST BE STREET ADDRESS)

FLEMING IS HAND, FL

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SECRETARY OF STATE
SHARASSEE, FLORIDA