L10000026890

| (Re | questor's Name) | |
|---|--------------------|-------------|
| | | |
| ' (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | o #0 |
| (CII | y/State/Zip/Prione | e #) · |
| PICK-UP | WAIT | MAIL |
| (2) | | |
| (Ru | siness Entity Nar | nej |
| (Do | cument Number) | |
| ` | • | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | i |
| | | |
| | | 1 |
| | | |

Office Use Only



100190077301

01/10/11--01059--011 **25.00

J. SAULSBERRY EXAMINER

JAN 1 2 2011

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|--|
| Division of Corporations | | |
| SUBJECT: Akron Capital LLC | | |
| Name of Limite | ed 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 r | natter to the following: | |
| | | |
| Troy Cameron | | |
| Name of Person | | |
| Akron Capital LLC | | |
| Firm/Company | | |
| 10680 NW 16th Court | | |
| Address | | |
| Plantation, FL 33322 | | |
| City/State and Zip Code | | |
| tcamtrading@gmail.com E-mail address: (to be used for future annual report notificat | ion) | |
| For further information concerning this matter, pla | | |
| ,,, | | |
| Troy Cameron at (| 954) 444-6137 | |
| 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 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.

| 1. Name of the limited liability company: | Akron Capital LLC | |
|---|--|--|
| 2. (a) Principal office address of limited liability compan | y: Akron Capital LLC | |
| (Note: MUST BE STREET ADDRESS) | 10680 NW 16th Court Plantation, FL 33322 | |
| (b) Mailing address of limited liability company: | Akron Capital LLC | |
| (Note: MAY BE POST OFFICE BOX) | 10680 NW 16th Court Plantation, FL 33322 | |
| March 10, 2010 | L10000026890 | |
| 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: | Troy Cameron | |
| Registered Office Address: | Akron Capital LLC | |
| | 800 SE 4th Street #402 Ft Lauderdale, FL 33301 | |
| NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | Akron Capital LLC 10680 NW 16th Court | |
| MOST DE LEGION STREET NEDERLOS | Plantation ,FL 33322 | |
| 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 idenliability 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. Signature of a member or authorized representative of a member | lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization | |
| Troy Cameron 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 property and I am familiar with and accept the obligations of my portugate to the property of the confirmation of the company of the company of Registered Agent) | gree 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 Cornerations P.O. Roy 63 | 27 Tallahassee Ft. 32314 | |

FILING FEE: \$25.00