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(Re	equestor's Name)					
(Ad	ldress)	,				
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THE ASSET FINANCE OF STATE

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COVER LETTER

TQ:	Registration Section Division of Corporations	А	e e e e e e e e e e e e e e e e e e e
SUBJI			
	Name of	: Limited L	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office C	Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this m	atter to the	following:
MICH	IAEL FRONK		
	Name of Person		
FRON	NK AND CO LLC		
	Firm/Company		
1540	INTERNATIONAL PKWY		
	Address		
SANF	FORD, FL 32771		
<u>, , ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	City/State and Zip Code		
MHF	RONK@GMAIL.COM		
E	-mail address: (to be used for future annual	report notif	fication)
For fur	ther information concerning this matter, plea	ase call:	
МІСН	AEL FRONK	407	247-2770
	Name of Person	(Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		AILING ADDRESS:
	Registration Section		egistration Section
	Division of Corporations Clifton Building		vision of Corporations O. Box 6327
	2661 Executive Center Circle		o. Box 6327 Illahassee, Florida 32314
	Tallahassee, Florida 32301	1 8	manassee, Fiorida 32314
	Enclosed is a check for the following am	ount:	
	■ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

(a)		<u>.</u>	(1	b)				
	Principal office address of limited liability of (Note: MUST BE STREET ADDRES	•			_			iability compan OFFICE BOX)
	1540 INTERNATIONAL PARKWAY	 -		2301 R		TREE (
	LAKE MARY, FL 32746	SANFORD, FL 32771						
	07/21/2010			L10000077047				
	Date of filing/registration in Florid	la	4.		Docu	ment nur	nber	
(a)	FRONK, ALLISON							
(a)	Registered Agent and Registered Office shown on th	e records of the	Florid	a Dept. of St	ate:			
	Registered Office Address (MUST BE FLORID)	<u> A STREET ADL</u>	RES	<u>2)</u>				
	2301 RIVER TREE CIR							
	SANFORD	. FL 32	771					
(b)	MICHAEL, FRONK				_			•
	Enter name of NEW Registered Agent and/or NEW	Registered Off	ice ad	<u>ldress</u> :		MARY	رُّکُون ا	<u> </u>
	NEW Registered Office Address:					E FI	ט	Ö
	2301 RIVER TREE CIR	RIVER TREE CIR				JATE JRIDA	! : 5 9	
	SANFORD	, FL 32	771			•	"	
he l	imited liability company is not organized un	der the laws	of the	e State of F	lorida,	it is here	by conf	irmed that af
ent v s/w	ange or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the icles of organization or the operating agreem	limited liabil members of the	lity c	ompany, it nited liabil	is herel	by confir pany or a	med tha	at the change
	XLL M			CHAEL F				
:	ture of a member or authorized representative of a mer	mher		** ** *	Printe	d or typed	name of	sionee

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

notified in writing of this change.

Signature of Registered Agent