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SECRETARY OF STATE VISION OF CORPORATION

T. HAMPTON

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EXAMINER

COVER LETTER

Division of Corporations	
Division of Corporations	
CUID HECT. Al	WAYS ONE, LLC
	mited Liability Company
rano or br	mica Elability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
SHERI A GREB	
Name of Person	
ALWAYS ONE, LLC	
Firm/Company	
14700 N RECKLEV COLLADE	
14700 N BECKLEY SQUARE	· · · · · · · · · · · · · · · · · · ·
1,22,310	
DAN/IE EL 0000E	
DAVIE, FL 33325 City/State and Zip Code	
City/State and Zip Code	
sheriareh@me com	
sherigreb@me.com E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter	nlease call:
Sheri Greb	at (954) 306-2757
Name of Person	at (954) 306-2757 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	Taliahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (5/08)

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. Always One, LLC 1. Name of the limited liability company: 14700 N Beckley Square 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Davie, FL 33325 14700 N Beckley Square (b) Mailing address of limited liability company: Davie, FL 33325 9/22/2010 L10000099198 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: James F. Greb Registered Office Address: 14700 N Beckley Square Davie, FL 33325 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Sheri A Greb **NEW** Registered Agent: **NEW** Registered Office Address: 14700 N Beckley Square (MUST BE FLORIDA STREET ADDRESS) Davie If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative to the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Sheri A Greb Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agent to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

Signature of Registered Agent