10000 107498

(Requestor's Name)					
(Address)					
(Address)					
(City	/State/Zip/Phon	e #)			
	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					



18/32/19--01010--001 TALY CONTRACT TO

. SULKER NOV 1 2 2019

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TO: Registration Section Division of Corporations

AMERICAN III, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK KARA

Name of Person

AMERICAN III, LLC

Firm/Company

PO BOX 2225

Address

SEFFNER, FL 33583

City/State and Zip Code

americanbrandy2010@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bra	ndy Kara	813 315-1714 at (
	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	
	Enclosed is a check for the following a	nount:
	☑ \$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 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.

1. Na	me of the limited liability company:	, LLC		
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ 、		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	960 SR 574 E	_	PO BOX	2225
	SEFFNER, FL 33584	-	SEFFNE	R, FL 33583
	10/16/2014		L1000010)7498
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	MARK KARA			
). (u)	Registered Agent and Registered Office shown on the records of th	e Floric	la Dept. of State	2:
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRES	<u>S)</u>	
	1368 SR 574 E			
	SEFFNER	33584		_: - x
(b)	N BROOK NUTTER, P.A. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	ddress:	TECRETARY OF STATE
	NEW Registered Office Address:			
	3407 W Kennedy Blud., Su	ite	A	RITE 52
	TAMPA , FL	3604	1 MK	
the cha agent w was/we the arti	mited liability company is not organized under the laws nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of char of organization or the operating agreement of the li	he reg bility c the lin imited	istered office ompany, it is nited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
l herel provisi the obli to mere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he is writing of this changed	e to ac erforn for in ereby c	ct in this cap nance of my Chapter 605 confirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accep F.S. Or. if this document is being filed the limited liability company has been

Signature of Registered Agent

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