L10000123191

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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SECRETARY OF STATE:

J. SAULSBERRY EXAMINER JAN 23 2012

COVER LETTER

TO: Registration Section Division of Corpora		,		
SUBJECT: $\triangle + H$	The stants of f	ability Company		_
Dear Sir or Madam:				
The enclosed Registered Ag	gent/Registered Office Cha	inge and fee(s) are submitted	l for filing.	
Please return all correspond	ence concerning this matte	er to the following:		
Hugh W. Robi	of Person			
Firm/C	ments of America Company			
495 A1+19 H2	59.5		201 TAL	
Pota Harbur City/State &			2012 JAN 20 AH 8: 54 SECRETARY OF STATES ALLAHASSEE, FLORIDA	Secretary and the secretary an
For further information con-	cerning this matter, please	call:		
Hogh W Rubinson Name of Person	at (<u>72</u>	Area Code & Daytime Telephor	ne Number	_
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, Florida 3	ons r Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check	for the following amoun	t:		
\$25 Filing Fee		\$55 Filing Fee & Certified	l 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: $A + H In$	restments of America LLC
2. (a) Principal office address of limited liability company:	495 A1+19 \$595
(Note: MUST BE STREET ADDRESS)	Palm Harbor, FL 34682
(b) Mailing address of limited liability company:	495 AIT 19 #595
(Note: MAY BE POST OFFICE BOX)	PAIN HArbor, PC. 34682
11-30-2010	L10000123191
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Dyents and Corporation
Registered Office Address:	300 APA AU 5.07L Surtice 101-320 Nepoles PL. 32102
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Registered Office address: 22 The Hugh W. Robinson File 34682
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identicliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Printed or typed name of signee	
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the project and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	