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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
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	Office Line Or	



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DEC 22 2014 T. CARTER



## 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. N	ame of the limited liability company: <u>Accie</u>	nt City	<u> HardSCa</u>	pesill	<u>C</u> _
2. (a)	Lo500 Sherry Lane Principal office address of limited liability company:	(b)	Mailing address of lin	nited liability compan	 y:
	(Note: MUST BE STREET ADDRESS)		=	POST OFFICE BOX)	,
	St. Augustine, FL 380	95		<u> </u>	<del></del>
	Feb 22 2011		11000035	31030	<del></del>
3. ·	Date of filing/registration in Florida	4.	Document numb	oer '	
5. (a)	Registered Agent and Registered Office shown on the record		of State:		
	16500 Sherry Lane Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)		14 DEC	SECH TALL!
	St Augustine FL 321	D95	<del></del>		ETAR HAS
	·	, FL		PH	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
(b)	Christopher M. Basc Enter name of NEW Registered Agent and/or NEW Regist	<u> </u>	. <del></del>	1 2:47	FLORIDA FLORIDA
	NEW Registered Office Address:		·		
		,FL			
if the i	imited liability company is not organized under the	a lawa of the State	of Florida it is hereby	y confirmed that a	fter
the cha agent was/w	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	ss of the registered ed liability compan ers of the limited li	office and the busines y, it is hereby confirm ability company or as	ss office of the regi ned that the change	istered e(s)
Signa	ture of a member or authorized representative of a member		Printed or typed na	aine of signee	
_	•	l <sub>e</sub> agree to act in thi	• • • • • • • • • • • • • • • • • • • •	-	ith the
provis the ob- to mer notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	lete performance of vided for in Chapte s, I hereby confirm	of my duties, and I am or 605, F.S. Or, if this of that the limited liabil	familiar with and idocument is being lity company has b	accept g filed seen
Signati	re of Registered Agent	-			

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