## 4/000/63/34

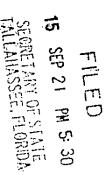
(Requestor's Name)					
(Address)					
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UF	P WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status	s			
Special Instructions to Filing Officer:					
		:			

Office Use Only



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09/21/15--01036--003 \*\*25.00



SEP 22 2015 S. YOUNG

## **COVER LETTER**

.

то:	Registration Section Division of Corporations			
SUB	JECT: AAA Florida Properties, LLC	;		
	Nam	e of Limit	ed Liability Company	
Dear	Sir or Madam:			
The e	enclosed Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing.	
Pleas	e return all correspondence concerning thi	s matter to	the following:	
Allaı	n Niskanen			
	Name of Person		<del></del>	
AAA	Na Florida Properties, LLC			
	Firm/Company			
320	0 Hoylake Road			TS S
	Address		<del></del>	智2
Lake	e Worth, FL 33467			
	City/State and Zip Code			STATE FLORIDA
	E-mail address: (to be used for future ann	ual report	notification)	**
For f	further information concerning this matter,	please cal	1:	
		at (	)	
	Name of Person		Area Code & Daytime Telep	phone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following	amount:		
	■ \$25 Filing Fee		S55 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.

l. Na	ame of the limited liability company: AAA Florida i	Properties, LLC		
2. (a)	3200 Hoylake Road	(b) P.O. E	Box 6313	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
	Lake Worth, FL 33467	West	Palm Beach, FL 33405	
	05/27/2011	L11000	0062734	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
	Registered Agent and Registered Office shown on the records of , 4605 Cohune Palm Ct	the Florida Dept. of S	State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
ĺ	Greenacres , FI	33463	SE SE	
(b),	Allan Niskanen		SP 21 PH	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		
	∬ ∕ 3200 Hoylake Road		TAPATE S. 30	
	NEW Registered Office Address:			
	Lake Worth, FI	L33467		
the cha agent v was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered of iability company, of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) wility company or as otherwise provided in	
all	& American	Allan Niska		
I here provis the ob to mer	ature of a member or authorized representative of a member at the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in this of a e performance of a ed for in Chapter of hereby confirm th	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been	
Signati	are of Registered Agent			

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