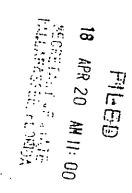
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O SIMMONS APR 2.5 2018

COVER LETTER

.

TO:	Registration Section Division of Corporations					
SUBJI	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered Off	ice Change	and fec(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to	the following:			
CARI	LO MASSARO					
	Name of Person					
AN.C	AR FLORIDA LLC					
	Firm/Company	 -	<u></u>			
1893	CATO CT.					
	Address					
INDIA	ALANTIC, FL 32903					
	City/State and Zip Code					
СМА	SSARO1961@YAHOO.COM					
Ī	E-mail address: (to be used for future and	nual report n	otification)			
For fu	rther information concerning this matter	, please call:				
HEID	HENRY	321	745.0591			
<u> </u>	Name of Person		Area Code & Daytime Telephone 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		1 \$55 Filing Fee & Certified Copy			
INHS1	8 (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

1.	Na	me of the limited liability company: AN.CAR FLOI	RIDA I	_LC			
2.	(e)	CARLO MASSARO	(b) CARLO MASSARO				
- .	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		1893 CATO CT.		1893 CA	ATO CT.		
		INDIALANTIC, FL 32903	_	INDIALA	ANTIC, FL 32903		
		11/14/2011		L 1100012	9530		
3.		Date of filing/registration in Florida	4.		Document number		
5	(a)	MASSARO, CARLO J. SR					
J. (4)	(4)	Registered Agent and Registered Office shown on the records of to 1280 US HIGHWAY 1	- e:				
		Registered Office Address (MUST BE FLORIDA STREET A	_				
(b)		MALABAR, FL	32950		5 6 7		
	(b)	MASSARO, CARLO			APR 20 AV		
,		Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		1893 CATO CT.			address: 20 □□□ 20 □□□ 3□□□ 3□□□□ 3□□□□□□□□□□□□□□□□□□□		
		NEW Registered Office Address:			00		
					-		
		INDIALANTIC , FL	32903		_		
the age wa the	cha nt v s/wy arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of class of organization or the operating agreement of the	the reg ibility c if the lir limited	istered office ompany, it is nited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany. SSARO		
	•	ure of a member or authorized representative of a member		Printed or typed name of signee			
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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 605, F.S. Or, if this document is being fit to merely reflect a change of the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signapore of Registered Agent							