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(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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SECKÉ IARY OF STÀTE TALLAHASSEE, FLORIOA

HEB 26 MIND

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. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered	
1. Name of the limited liability company:	Aprila Jovestmenty/C	
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	J. 22917 Roya/ Crown ton. BUCARAGON, FL 33433	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	22917 Royal Crown terrice Bour RATION, FC 33×33	
1/6/12	412000002677	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on		
Registered Agent:	SARACAD Lipsay, PA.	
Registered Office Address:	201 N.E. Frei ALD:	
	Dalay Bench PL 3349	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	AIAN J. STRAUSS	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	BOCA CATED, FL 33832	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of vise provided in the articles of organization or	
Signature of a member or authorized representative of a member	al d	
Frished or typed name of signee	SE N	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or of this effectment is being filed to maddress, I hereby confirm that the limited liability compared	agree to act in this capacity! Isfurther agree to roper and complete performance of my duties, osition as registered agent as provided for in levely reflect a change in the signification of the notified in writing of this change.	
Signature of Registered Agent		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		
INHS18 (05/08)		