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(City/State/Zip/Phone #)	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 4650 PIEDMONT DRIVE, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
PETER DIZUZIO Name of Person		
Firm/Company		
1969 S. ALAFAYA TO #240 Address		
Orlando FL 32828 City/State and Zip Code		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		
Peten Dizuzio at (407) 258-1833		
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 & Certified 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: 4650	PIEDMONT DRIVE, LLC
2. (a) Principal office address of limited liability company	1969 S. ALVFOYA TM AZ
(Note: MUST BE STREET ADDRESS)	onlando FL 32828
(b) Mailing address of limited liability company:	1969 S. ALAFAYA The #240
(Note: MAY BE POST OFFICE BOX)	orgado Fr 32828
Olliola 12 3. Date of filing/registration in Florida	L12000004367 4. Document number
5. (a) Registered Agent and Registered Office shown on t	·
Registered Agent:	DOMINICK ABITINO
Registered Office Address:	1969 S. Alafays The #240
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1969 S. ALYFRYA THE #240 ONLANDO FL 32828 FL
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province of a member of the province of the obligations of my post chapter 608, F.S. Or, if this document is being filed to mendadress, I hereby confirm that the limited liability company	FILED RETARY OF STAHASSEE. FL
Signature of Registered Agent	