## LIZOOODOUSOY

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

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: KARL VICKNE Name of Limi	eted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Karl Vickner LL  Firm/Company	<u> </u>	
7528 Rey Ford St.	1	
Navarre FL, 3259 City/State and Zip Code	16 - 2 The same of	
Kaud VI CKNEF & AOL CON E-mail address: (to be used for future annual report notific	nation)	
For further information concerning this matter, please call:		
Karl Vickner at	(850) 238-9677  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	□ \$55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF <u>REGISTERED</u> OFFICE OR REGISTERED AGENT OR .BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited rr to change its registered office or registered
1. Name of the limited liability company: Karl V	ickner LLC
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	NOVATRE FL 32566
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7528 Rexford St. Navarre FL 32566
7-13-2012	L12000064804
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Karl Vichner
Registered Office Address:	9589 Brentwood Blvd Navarre, FL 32566
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Karl Vickner ==
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Navarre 15-13256
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of the registered office bical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
KARL VICKNET Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F,S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.

Signature of Registered Agent