## 11200095763

(Requestor's Name)				
(Address)				
(133,555)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Pusings Entity Name)				
(Business Entity Name)				
·				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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18 FEB 27 PH 4: 28
SECRETARY OF STATE
ALLAHASSEF FLORINA

K. SALY FEB 27 2018

## **COVER LETTER**

TO:	O: Registration Section Division of Corporations					
SUBJ	AR-Thomas, LLC					
	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this n	natter to the following:				
Shan	non Cole					
•	Name of Person					
AR-T	homas, LLC					
	Firm/Company					
1930	Stonegate Dr					
	Address					
Birmi	ingham, AL 35242					
	City/State and Zip Code					
shan	non@abbeyresidential.com					
E-mail address: (to be used for future annual report notification)						
For fu	rther information concerning this matter, ple	ease call:				
Shan	non Cole	at ()				
	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	☐ \$55 Filing Fee & Certified Copy				
INHS1	8 (2/14)					

## T 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	ame of the limited liability company: AR-Thomas		
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	( )	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1930 Stonegate Dr	1930	) Stonegate Dr
	Birmingham, AL 35242	Birm	ningham, AL 35242
	7/24/2012	L120	00095763
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (u)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. o	f State:
	James Panico		— 55 <b>36</b>
	Registered Office Address (MUST BE FLORIDA STREET) 111 S. Maitland Ave., Ste. 100	ECRET	
,	Maitland F	32751	<b>25号 27 厂</b>
			T P SEE, F OF SEE, F
(b)	Enter name of NEW Registered Agent and/or NEW Registere	od Office address	
	Enter name of NEW Registered Agent and/of NEW Registere	tu Office address.	TE AIDA
	James Panico		
	NEW Registered Office Address:		
	225 E. Robinson St., Suite 600		
	Orlando , F	32802-2854	
the cha agent v was/w	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization of the operating agreement of the	of the registered of liability company of the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signa	iture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act in this te performance of led for in Chapte I hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
Signatu	re of Registered Agent		