

ԱՀԱՅՈՒՄ ԱՎԱՐԱՐ

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

A standard linear barcode is positioned horizontally across the page, consisting of vertical black lines of varying widths on a white background.

700357106347

12/29/20-01007-009 4425.00

Special Instructions to Filing Officer:

Certificates of Status _____

1. *What is the primary purpose of the study?*

Office Use Only

卷之三

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN LOGO GEAR, 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:

STACY SMALL

Name of Person

SMITH THOMPSON SHAW

Firm/Company

3520 THOMASVILLE ROAD - 4TH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STACY SMALL	850	893-4105
Name of Person	at () Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 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 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. Name of the limited liability company:	AMERICAN LOGO GEAR, LLC	
2. (a) 2130 CORONA DEL SIRE	(b) 2130 CORONA DEL SIRE	
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>		
NORTH FT. MYERS, FL 33917		
Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>		
NORTH FT. MYERS, FL 33917		
10/04/2012 L12000126780		
3. Date of filing/registration in Florida	4. Document number	
5. (a) MARK NOLL	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>		
156 NW 20TH STREET		
BOCA RATON, FL 33431		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	2023 DEC 29 AM 3:41	
SUSAN S. THOMPSON		
NEW Registered Office Address:		
3520 THOMASVILLE ROAD - 4TH FLOOR		
TALLAHASSEE, FL 32309		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kimara Uhles

KIMARA UHLES

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 agree to act in this capacity. I further agree to comply with the 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 filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Susan S. Thompson

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00