L12000130237

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL `
(Bu	siness Entity Name	e)
(Document Number)		
Certified Copies	_ · Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



100250080451

07/26/13--01017--013 **25.00

2819 JUL 26 PM 2: 16
SECRETARY OF STATE
TALL AHASSEF FI OPINA

B. BOSTICK

JUL 29 2013

EXAMINER

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.

20.11, 51. 00111, 11. 11.0 11.11.0 13.2 10.11.11	
1. Name of the limited liability company: Arr Mo	inaco, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	v: 2113 Springwater Lane Port Olarge, FL 32128
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	ARE LE
·	L1 2000 13 0 3 70 150
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	73.5
Registered Agent:	Walter E Foster III
Registered Office Address:	315 South Palmetto Avenue
	Daytera beach, Fl 32114
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	Gay L. Monaco
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2113 Springwater Lane Put Orance FL 32128
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 id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Gay Printed or typed name of signee	ne laws of the State of Florida, it is hereby by Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of rwise provided in the articles of organization or by Monaco
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comply that the limited liability comply a signature of Registered Agent	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, by position as registered agent as provided for in a merely reflect a change in the registered office apany has been notified in writing of this change.

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