90439606 6/20/20

- 3960663 20/2018	Rogers towers PALL Florida Department of State Division of Corporations Electronic Filing Cover Sheet				
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.				
	(((H18000183857 3)))				
	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.				
	To: Division of Corporations Fax Number : (850)617-6383				
	From: Account Name : ROGERS, TOWERS, BAILEY, ET AL Account Number : 076666002273 Phone : (904)398-3911 Fax Number : (904)396-0663 **Enter the email address for this business entity to be used for future				
	annual report mailings. Enter only one email address please.** Email Address:				
	LLC REGISTERED AGENT CHANGE A1A DONUTS, LLC				
	Certificate of Status 0				
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C	Estimated Charge \$25.00				
RECONNEL	High Signature Signature Signature Signature <t< td=""></t<>				

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Rogers Towers PA

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H18000183857

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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Florid		ts. LLC		
	ne of the limited liability company: AIA Donuts, LLC			
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:	
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)	
	159 Yellow Bill Lane	159 Ye	159 Yellow Bill Lane	
	Ponte Vedra Beach, FL 32082	Ponte		
	January 23, 2013	L130000		
3.	January 23, 2013 Date of filing/registration in Florida	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the record			
		ds of the Florida Dept. of S	tale:	
	Richard Q. Lewis, III			
	Registered Office Address (MUST BE FLORIDA STRI	<u>EET ADDRESS)</u>		
	100 Whetstone Place, Suite 200	<u>.</u>		
	St. Augustine	, FL 32086		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	terred Office address:		
			·	
	NEW Registered Office Address:			
	100 Whetstone Place, Suite 200			
	St. Augustine	_, FL_32086		
the ch agent was/v the at	limited liability company is not organized under the hange or changes are made, the Florida street addree will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the member ticles of organization or the operating agreement of hatter of a member of a member	he laws of the State of ess of the registered off ted liability company, bers of the limited liab of the limited liability of John Griffe	Florida, it is hereby confirmed that after fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company. y Printed or typed name of signec	
I her provi the o to me notifi	eby accept the appointment as registered agent an sions of all statutes relative to the proper and com bligations of my position as registered agent as pro- rely reflect a change in the registered office addre ed in writing of his chapper	a agree to act in this c plete performance of t ovided for in Chapter t ess, I hereby confirm th	ny duries, and I am familiar with and accept 605, F.S. Or, if this document is being filed at the limited liability company has been	

Signature of Registered Agent

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