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(Re	questor's Name)							
(Address)								
(Address)								
(City/State/Zip/Phone #)								
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(Document Number)								
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MILLAHASSEE, FLORIDA

JUL 2 2 2016 Y SULKER

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
SUBJECT: AA Properties OF WIN	when Springs LLC imited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	er to the following:					
ANGELO SANCHEZ Name of Person						
AA Propenties of Witten spri Firm/Company	ings llc					
100 LISA LOOP Address						
WINTER SPRINGS. FLORIDA . City/State and Zip Code	<u>32708</u>					
ANGE 1056 bell 50 oth . WE E-mail address: (to be used for future annual rep	port notification)					
For further information concerning this matter, please	call:					
Angelo SANCHEZ at (407) 474-9425 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 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: ### ################################	<u> 17e5</u>	_8F_	WINTERSIN	1000	40	<u>c</u>
2. ((a)		(b)		SANCLY PO			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	failing address of limite (Note: MAY BE POS			
		(1.44)		011	. 7			, 807
				Gri	UANDO F	-C =	<u> </u>	<u> </u>
		4/25/2016		L13	30000599	593	, ,	
3.		Date of filing/registration in Florida 4.	•		Document number			
5.	(a)	ANGELONA TAYLOR						
•	(4)	Registered Agent and Registered Office shown on the records of the Flo	orida Der	ot. of State:	:			
		1617 SANGY POINT SOUAL	10			fr. !	Ġ	
		Registered Office Address (MUST BE FLORIDA STREET ADDR					=	
						100	2	341.
		OR/ANDO ,FL 3	3280	07		E. A.	AM II:	
((b)	ANGELO SANCHEZ	· · · · · · · · · · · · · · · · · · ·			ORIO	:: ਲ	S. S
		Enter name of NEW Registered Agent and/or NEW Registered Office	e addres	<u>\$</u> :		,2.►		
		100 LISA LOOP						
		NEW Registered Office Address: Winter Springs FL32	270	8				
		words at the second		<u> </u>				
		, vi		·····				
Ifti	ne li	imited liability company is not organized under the laws of	the Sta	te of Flo	orida it is hereby co	nfirme	that :	after
the	cha	ange or changes are made, the Florida street address of the	register	ed office	and the business of	ffice of	the reg	gistered
was	s/we	will be identical. Or, in the case of a Florida limited liabilit ere authorized by an affirmative vote of the members of the	limited	lliability	company or as oth	that the erwise	chang provid	e(s) led in
the	arti	icles of organization or the operating agreement of the limit	ted liab	ility com	pany.			
	_	Inglena / aylor	-1	Me!	ent the	1/0n	<u>'</u>	
	~	nure of a member or authorized representative of a member	_		Printed or typed name	J		
I h pro the to fi not	erel visi obli nere ified	by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perfiligations of my position as registered agent as provided for ely reflect a change in the registered office address, I hereld in whiting of this change.		this capa e of my a pter 605, rm that t	icity. I further agre luties, and I am fan , F.S. Or, if this do the limited liability	e to con niliar wi cument compan	nply with and is being has	vith the l accept ng filed been
	natir	Ma les ant Angel O Sanche	2_					