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(Requestor's Name)				
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PICK-UP	■ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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9/28/18/25

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:	ANDI	NG DEVEL	OPMENT, LLC
2. (a)	C/O JOHN AUER		(b) C/O JOHN AUER	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)
	ONE ASI WAY		ONE AS	IWAY
	ST. PETERSBURG, FL. 33756		ST. PET	ERSBURG, FL. 33756
	JULY 11, 2013		L1300009	98453
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATION SERVICE COMPANY			
J. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	-):
	1201 HAYS STREET			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	911 CHESTNUT STREET			
	TALLAHASSEE, FI	3230	1	·
(b)	STEVEN W. DEUTSCH, ESQ.			,
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	·
	1875 NW CORPORATE BLVD.			;
	NEW Registered Office Address:		<u> </u>	•
	SUITE 100			
	BOCA RATON , FI	3343	1	
the cha agent was/we the art Signa I here provisi the obi to mer	imited liability company is not organized under the la ange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	f the regiability of the limited	gistered office company, it is mited liability I liability com	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in appany. Printed or typed name of signee
Signatu	ne of Registered-Agent			