

(Red	juestor's Name)	
(Add	lress)	
(Add	lress)	
(City	//State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
F	Office Use Onl	у



500266906495

12/15/14--01002--002 \*\*25.00

ADKSSER, DEGRED

DEC 17 2014

R. WHITE

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Archanalogy Named	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 r	matter to the following:
Nicole Mirabelli Name of Person	
Anchanalogy, UC	<del></del>
7220 Faulkner Lang	e,#303
New Port Richey, F City/State and Zip Code	L 34655
E-mail address: (to be used for future annua	SWALL COM Kreport notification)
For further information concerning this matter, plants of the second of	ease call:
Name of Person	at (908) (019 –(0163 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 ar	mount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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.

To the contract of the contrac	
1. Name of the limited liability company: Archanalogy, LLC	
2. (a) Avchanalogy IC  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) Avchanalog y (C  Mailing address of limited flability company:  (Note: MAY BE POST OFFICE BOX)	
7220 Faulknerlane, #303 7220 Faulknerlane, #	30
New Port Richey, FC 34655 New Port Richey, FC345	3
Soplember 12,2013  3. Date of filing/registration in Florida  L13000128805  Document number	
5. (a) Legain Corporate Services Inc., Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
20000000 841 Prudential Drive, Floor 2	
Jacksonville FL 32207	
(b) NI COL M Vabel   Enter name of NEW Registered Agent and/or NEW Registered Office address:	
NEW Registered Office Address:	
7220 Faulkner Lane, # 303	
NewPort Richey FL 34655	
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.	
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	

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