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(Requestor's Name)	
(Address)	- 7003028 ⁻
(Address) (City/State/Zip/Phone #)	-

(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					

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Office Use Only

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417 E+Virginia Street	CONNECTION, J Suite I • Tallahassee, Flori 800-342-8062 • Fax (850)	da 32301		
2338 72ND AVE E	AST LLC			
			Art of Inc. File	
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			Officer Search	
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. 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.

	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 916 72ND DRIVE EAST ARASOTA, FL 34243
	916 72ND DRIVE EAST
	ARASOTA, FL 34243
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Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

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