## L140000 76441

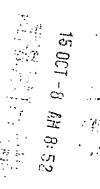
(Requestor's Name)						
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PICK-UP	MAIT WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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J SHIVERS

## **COVER LETTER**

	egistration Section V					
SUBJECT	r. AWC DESIGNS LLC					
Name of Limited Liability Company						
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please retu	urn all correspondence concerning this	s matter to the following:				
ALEX C	ASTRO					
	Name of Person	<del></del>				
AWC DE	ESIGNS LLC					
	Firm/Company					
10010 B	ELLE RIVE BLVD, APT 1304	•				
	Address					
JACKSC	ONVILLE, FL 32256					
	City/State and Zip Code					
····	@CPACOMPLETE.COM					
E-ma	ail address: (to be used for future ann	ual report notification)				
For further	r information concerning this matter,	please call:				
ALEX CA	ASTRO	904 718-6602				
	Name of Person	Area Code & Daytime Telephone Number				
Re Di Cl 26	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					
Er	nclosed is a check for the following	amount:				
Z	\$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.

1. Na	ame of the limited liability company: AWC DESIGN	NS LLC	<u></u>	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  10010 BELLE RIVE BLVD, APT 1304	(1		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) BELLE RIVE BLVD, APT 1304
	JACKSONVILLE, FL 32256	_	JACKS	ONVILLE, FL 32256
	03/01/2014		L140000	36441
3. 5. (a)	Date of filing/registration in Florida ALEX CASTRO	4.		Document number
,, (a)	Registered Agent and Registered Office shown on the records of the 11871 COLLINS CREEK DRIVE	·		- e: -
	Registered Office Address (MUST BE FLORIDA STREET A			- <del>-</del>
	JACKSONVILLE ,FL	32258	· · · · · · · · · · · · · · · · · · ·	- OCT
(b)	ALEX CASTRO  Enter name of NEW Registered Agent and/or NEW Registered	Office at	ldrøss.	
	10010 BELLE RIVE BLVD, APT 1304	<u> Millione</u>		89 G
	NEW Registered Office Address:	•		
	JACKSONVILLE .FL	32256		_
the cha agent was/w was/w the art Signa I here provis the ob to mer	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the four of a member or authorized representative of a member oby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provide vely reflect a change in the registered office address, I add in writing of this change.	the regability confitted limited	istered offic ompany, it is nited liability liability con	te and the business office of the registere is hereby confirmed that the change(s) try company or as otherwise provided in mpany.  Printed or typed name of signee  pacity. I further agree to comply with the

Signature of Registered Agent