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(Re	equestor's Name)	 		
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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March 30, 2015

MELANIE TOQUICA AVESTA 5118 N 56TH STREET TAMPA, FL 33610 US

SUBJECT: ANDERSON INVESTOR LLC

Ref. Number: L14000045237

We have received your document for ANDERSON INVESTOR LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 215A00006281

RECEIVED SAPRIG PN 1:59 DEENLINENT OF STATE VISSON OF CORPORATIONS

COVER LETTER

TO:		tration Section on of Corporations
SUBJI	ECT: _	Anderson Tnvtstor LLC Name of Limited Liability Company
Dear S	Sir or M	adam:
The er	iclosed	Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please	return a	all correspondence concerning this matter to the following:
<u>_</u> \(\gamma\)	1 e la	Name of Person
IA	12 <u>9</u> 1	Firm/Company
_51	18	N. 56th Street, Suite 201 Address
	MP	City/State and Zip Code
<u>9</u> `	<u>Utnc</u> E-mail a	Otices & avesta, com address: (to be used for future annual report notification)
For fu	rther in	formation concerning this matter, please call:
<u> 70</u>	char	Name of Person at (813) 444-1525 Area Code & Daytime Telephone Number
	Regis Divis Clifto 2661	EET/COURIER ADDRESS: tration Section ion of Corporations in Building Executive Center Circle hassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclo	osed is a check for the following amount:
	□ \$2.	5 Filing Fee & Certified Copy
INHS1	8 (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.

2. (a) 518 N. 56 th Styeet (b) P.O. Box 311029 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Tampa, Fl. 33610 Tampa, Fl. 336	liability company: **COFFICE BOX** **SOME TO STATE TO ST
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST)	SOFFICE BOX)
Tampa, Fl. 33610 Tampa, Fl. 331	
	37
03 18 2014 L1400004523	
3. Date of filing/registration in Florida 4. Document number	
5. (a) Corporation Service Company Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1201 Hays Street Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
Tallahasset, FL 32301-2525 (b) Richard J. McIntyre, Esq. Enter name of NEW Registered Agent and/or NEW Registered Office address:	SECRETARY OF ST TALLAHASSEE, FLO
501 East Kennedy Bouleward, Suite 1900 NEW Registered Office Address:	STATE LORIDA
Tampa .FL 33602	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confithe change or changes are made, the Florida street address of the registered office and the business offit agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed the was/were authorized by an affirmative vote of the members of the limited liability company or as other the articles of organization or the operating agreement of the limited liability company.	fice of the registere hat the change(s) crwise provided in
Signature of a member or authorized representative of a member Printed or typed name of	of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree provisions of all statutes relative to the proper and complete performance of my duties, and I am famil the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docu to merely reflect a change in the registered office address, I hereby confirm that the limited liability contified in writing of this change.	e to comply with the
Signature of Registered Agent	