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LLC REGISTERED AGENT CHANGE ANACROM, LLC.

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Electronic Filing Menu

Corporate Filing Menu

Help

## 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.

I. Na	me of the limited liability company: ANACROM LLC	3. 				
1 (2)			ს)			
(a) _	Principal office address of limited liability company:  (Note: MUST ABSTREET ADDRESS)	`	·/	Mailing address of li	mited liability compar POST OFFICE BOX	ıy:
	1320 ST. PETERS ROAD		1320	ST. PETERS ROAD		
	POTTSTOWN, PA 19465		POTT	TSTOWN, PA 19465		
	03/20/2014		L14000	0046962		
3.	Date of filing/registration in Florida	— 4.		Document numb		
	SEXTON MICHAEL GEORGE, ESO.					
5. (a)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. c	of State:		
	SEXTON, MICHAEL GRORGE, BSQ.					
	Registered Office Address MUST BK FLORIDA STRBBT	"ADDRB	2.5)	<del></del>		
	875 SE 47TH TERRACE				•	
	CAPE CORAL , F	L 33904			שנו שנד וש	AVISION OF
(b)	HF REGISTERED AGENTS, LLC					7 0F 0
` '	Enter name of NEW Registered Agent and/or NEW Registers	ed Office	ddress:		<b>1</b> 5	
	HF REGISTERED AGENTS, LLC				AN 60:	F CORPORATION:
	NEW Registered Office Address:				17	OF:
	1715 MONROE STRBET			<del></del>		
	FORT MYERS, I	7L				
chang agent was/w	limited liability company is not organized under the I e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the level Manager of Flux de La Luc, nature of a member or authorized representative of a member	ic registed liability of the l	compani imited li	y, it is hereby confirm iability company or as	ned that the changes otherwise provid	e(s) ed in
Sign	nture of a member or authorized representative of a member	ouda ta d	at in thi	Printed or typed n	iame of signee correcto comply w	ith the
I here provis the ob to me notific	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet oligations of my position as registered agent as provide rely reflect a change in the registered office address, ed in softing of this change.	le perfor led for in I hercby	mance of Chapte confirm	of my duties, and I am er 605, F.S. Or, if this that the limited liabi	Samiliar with and s document is bein lity company has i	uccept g filed been
✓	By: Erin E Houck-Toll, Vice Preside	nt, HF Reg	istered Age	ents, LLC		
Signa	nige of Registered Agent					

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