Florida Department of Division of Corpo ectronic Filing Cover

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

**Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please: **

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LLC REGISTERED AGENT CHANGE AKBP HOLDINGS LLC

Certificate of Status	0
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Page Count	01
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Corporate Filing Menu

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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.

Na	me of the limited liability company: AKBP H	loldings LI	LC
(a)		(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/25/2014	L140	00049393
	Date of filing/registration in Florida	4.	Document number
(a)	GILMOR, ALON		
()	Registered Agent and Registered Office shown on the records	of the Florida Dept. o	f State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	<u></u>
	1040 SCARLET OAK ST		
	HOLLYWOOD	_{FL} 33019-481	
(h)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered	red Office address:	
	7901 4th St N		
	NEW Registered Office Address:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	STE 300		
	St. Petersburg	_{FL} 33702	
e cha gent v as/we	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the company	of the registered of Hiability company is of the limited lia	office and the business office of the register y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signa	dure of a member or authorized representative of a member	, they i thi	Printed or typed name of signee
here rovisi ne obi oner otifje	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	ala 210 Ffa V331/191 (4 /)	a mv ammer and a am ammilia valu muli a

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