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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	
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J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AMerican Gol	ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	o the following:	
Voseph Musacchio Name of Person		
Firm/Company		
203 NE 1St AVR		
Delray Boh, F2 3 City/State and Zip Code		
E-mail address: (to be used for future annual repor	Deople LTC Keri com	
For further information concerning this matter, please ca	all:	
Jenhi fer Makisic at (5) Name of Person	Area Code & Daytime Telephone Number	
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	
Enclosed is a check for the following amount:		
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua submits Florida	nt to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company the following statement in order to change its registered office or registered agent, or both, in the State of
1. Na	me of the limited liability company: HMENCAN (70) + B956ball LLC
2. (a)	244 N. Concress Ave (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)
	Residuation Cal Fr
	2 2 1 2 1 -
	<u> </u>
	LI. F. DAIE
3.	Date of filing/registration in Florida 4. Document number
	() () () () () () () () () ()
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	244 N. Congress AVE
	- Rounton BCh , FL 33429 58 8
	AA
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	277 N. (UIGYESS /T/C
	NEW Registered Office Address:
	1504 100 150h 33709
the cha	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered
agent w	vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
the arti	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization of the operating agreement of the limited liability company.
Signat	ure of member or authorized representative of a member OSE Musach OSE OSE
I heret	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provision the older	of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position is registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a chappe by the registered office address, I hereby confirm that the limited liability company has been
notified	in writing of this change.
Signatur	e di Registered Agent
	Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
V	FILING FEE: \$25.00