## 1.15000090124

(Requestor's I	Name)		
(Address)			
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(City/State/Zip/Phone #)			
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Christopher Masker christopher.masker@cscglobal.com

Date: August 28, 2015

Order#: 765067/002

Re: AMZAK AOC, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Christopher Masker c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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. N	ame of the limited liability company: AMZAK AOC,	LLC	
2. (a)	980 NORTH FEDERAL HIGHWAY SUITE 315  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOCA RATON FL 33432		
	05/21/2015	L15	000090124
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	) ESPINAL LUIS		
	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:
	308 NW 11TH AVENUE		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2015 SEP TALLAHI
	BOCA RATON , F	L <u>33486</u>	SSS -
(b)	Corporation Service Company		F3 3 0
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	PR 3: 28 EE, FLORIGE
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahassee	1 22201	
	, FI	L_32301	<del></del>
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited layere authorized by an affirmative and of the members ticles of agan zation or the operating superment of the	of the registered liability compar of the limited l	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
		Dona Prie	ebe, Authorized Person
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer notifie	eby accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide the reflect a change in the registered office address. It writing of this clarific.	e performance ( ed for in Chapt Lhereby confirn	of my duties, and I am familiar with and accept er 605, F.S. Or. if this document is being filed n that the limited liability company has been
Signat	ure of Rigistered Agent Corporation Service Company	BY: Sylvia	Queppet, Asst. Vice President

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