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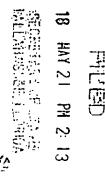
| (Requestor's Name) | | | | | | |
|---|--------------------|---------------------------------------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (Cit | ty/State/Zip/Phone | · · · · · · · · · · · · · · · · · · · | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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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

| 1. N | ame of the limited liability company: Austin Mich | ael Er | erg | y Develo | pment Group,LLC |
|--|---|--|---------------------------------------|---|--|
| 2. (a) | 623 Front St. #5305, Celebration, El. 3474 | 7 | (b) | 622 Eroi | nt St., #5305, Celebration, FL 3474 |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | () | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 764 Celebration Avenue, #302 | | | 764 Cele | ebration Ave. #302 |
| | Celebration, FL 34747 | | | Celebrat | ion, FL 34747 |
| | 06/15/2015 | | l | _1500010 | 05081 |
| 3. | Date of filing/registration in Florida | <u> </u> | _ | | Document number |
| 5. (a | , Martin W.Boelens | | | | |
| J. (a | Registered Agent and Registered Office shown on the records | of the Flo | orida i | Dept. of State | X |
| | 623 Front Street #5305, Celebration, FL 34747 | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | • | |
| | 764 Celebration Ave. #302 | | | | |
| | Celebration, 1 | _{FL} 347 | 47 | | - <u>इ</u> क्ट |
| (b) | Martin W Boelens | | | | MY 21 |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | 经 2 开 | | |
| | 623 Front Street #5305, Celebration, FI 34747 | | | Y 21 W 21 | |
| | NEW Registered Office Address: | | | | <u>- 200</u> ≥ |
| | 764 Celebration Ave, #302 | | | | $\omega = \frac{1}{\omega}$ |
| | Celebration, | _{FL_} 347 | 47 | | · · |
| the chagent was/v the ar I her provide to me notific | limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the lature of a member or authorized representative of a member seby accept the appointment as registered agent and assions of all statutes relative to the proper and completing of the change in the registered office address, and in writing of this change. | of the i liabilit s of the he limit | egis y con limi ed li Mar | tered office mpany, it is ted liability ability con tin W Boo | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Plens //C/ Printed or typed name of signee active // further garge to comply with the |
| nigua | ture of Registered Agent | | | | |