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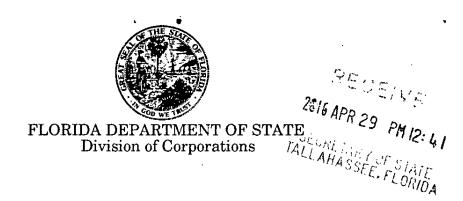


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2016 APR 29 PM 2: 42 SECRETARY OF STATE TALLAHASSEF FI OBIO.

K.SALY EXAMINER MAY - 3



April 14, 2016

WOODS WEIDENMILLER MICHETTI RUDNICK GAL ANNE PAUL 9045 STRADA STELL COURT #400 NAPLES, FL 34109

SUBJECT: AMERICAN NATIONAL COMMERCIAL REAL ESTATE SERVICES,

LLC

Ref. Number: L15000115590

We have received your document for AMERICAN NATIONAL COMMERCIAL REAL ESTATE SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 216A00007770

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: AMERICAN NATIONAL COMMER	CIAL REAL ESTATE SERVICES, LLC			
Name of Lin	nited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:			
ANNE PAUL				
Name of Person				
WOODS WEIDENMILLER MICHETTI RUDNICK GAL				
Firm/Company				
9045 STRADA STELL COURT #400				
Address				
NAPLES, FL 34109				
City/State and Zip Code				
apaul@wwmrglaw.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Anne Paul at (239 325-4070			
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			

INHS18 (2/14)

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: American N	National Co	commercial Real Estate Services, LLC	
2. (a)	3250 Bonita Beach Rd. #205203	(b)	3250 Bonita Beach Rd. #205203	
_· (·· /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	BONITA SPRINGS, FL 34134		BONITA SPRINGS, FL 34134	
	08/04/2015		L15000115590	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	HL STATUTORY AGENT, INC.			
	Registered Agent and Registered Office shown on the records	of the Florida	a Dept. of State:	
	5811 PELICAN BAY BLVD. #650			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	22	
	NAPLES	34108	2016 TAL	
	NAPLES,	FL_34100		Ì
(b)	WWMRG STATUTORY AGENT, LLC		2016 APR 29 SECRETAR' TALLAHASSI	
	Enter name of NEW Registered Agent and/or NEW Registe	red Office add	dress:	Π
	9045 STRADA STELL COURT		F SIAIF	- i
	NEW Registered Office Address:		DE 8	
	SUITE 400			
	NAPLES	FL 34109		
the chagent was/w	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 street of	of the regis I liability corrs of the limited li	stered office and the business office of the regist ompany, it is hereby confirmed that the change(s nited liability company or as otherwise provided	ered)
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to me	eby accept the appointment as registered agent and sions of all statutes relative to the proper and complobligations of my position as registered agent as proverly reflect a change in the registered office address and writing of this change.	agree to act ete performa ided for in C , I hereby co	t in this capacity. I further agree to comply with lance of my duties, and I am familiar with and ac Chapter 605, F.S. Or, if this document is being f confirm that the limited liability company has bee	the cep ilea n
×/	ture of Registered Agent			

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