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Office Use Only



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IN HARRIS

COVER LETTER

•	gistration Section vision of Corporations		
SUBJECT	ANNALIO, LLC		
	Name of Limited Liability Company		
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.
Please retui	m all correspondence concerning this	matter to the	following:
STEVEN	WARM		
	Name of Person		_
LAW O	ffice of Steven W Firm/Company	Arm	_
5700-SW	/34TH STREET, SUITE 425	14250 Si	₩ 4th PLACE Ste R-3
	Address		
GAINES'	VILLE, FLORIDA 32608 New	BERRY F	=10RIDA 32669
	City/State and Zip Code	, ,	
sw@st	EVENWARM.COM		
E-ma	il address: (to be used for future annu	ial report notif	ication)
For further	information concerning this matter,	olease call:	
STEVEN	WARM	352	373-8279
	Name of Person		Area Code & Daytime Telephone Number
Re Di Cli 26	rREET/COURIER ADDRESS: registration Section vision of Corporations ifton Building 61 Executive Center Circle Ilahassee, Florida 32301	Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Illahassee, Florida 32314
En	iclosed 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.

(b)
5700 SW 34TH STREET #425
GAINESVILLE, FLORIDA 32608
L16000014599
4. Document number
ne Florida Dept of State.
DDRESSI
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33131 AF
75% 22 T
77
Office address:
32669
32669
-32608
the registered office and the business office of the registered belief company, it is hereby confirmed that the change(s) belief company, it is hereby confirmed that the change(s) belief the limited liability company or as otherwise provided in limited liability company. Printed or typed name of signee we to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

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