116000040233

(Requ	estor's Name)¯			
(Address)					
(Addre	ess)				
(City/S	State/Zip/Phor	ne #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					

Office Use Only



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10/23/17--01020--027 **25.00

D SCOTT OCT 24 2017

Steven Taylor 1215 Abilene Trail Orange Park, FL 32065 Phone: 904-710-0258 E-mail: slt6545@gmail.com

October 19, 2017

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Change of Address for Registered Agent

Corporation: Angular Velocity Designs, LLC

Document No.: L16000040233

Dear Division of Corporations:

Please find enclosed the a Cover Letter and Statement of Change of Registered Office forms along with a check in the amount of \$25.00 for the filing fee. I am requesting an address change from the previous address of 1210 Abilene Trail, Orange Park, FL 32065 to the new address of 1215 Abilene Trail, Orange Park, FL 32065. If you need anything further to make this change, feel free to give me a call at 904-710-0258

Yours truly,

Steven Taylor

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations				
SUBJECT:	Angular Velocity Designs, L	LC			
OCDOECT.	Name of Limited Liability Company				
Dear Sir or i	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change a	and fee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to	the following:		
Steven Ta	ıylor				
	Name of Person				
Angular V	elocity Designs, LLC				
	Firm/Company				
1215 Abile	ene Trail				
	Address				
Orange Pa	ark, FL 32065			r.*	
	City/State and Zip Code		·· ·	-	
slt6545@g	gmail.com				
E-mail	address: (to be used for future ann	ual report n	otification)	٦	
For further i	nformation concerning this matter,	please call:			
Steven Ta	ylor	904	710-0258	Ė	
	Name of Person	ar (Area Code & Daytime Telephone	Number	
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations con Building I Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enc	losed is a check for the following	amount:			
2 \$3	25 Filing Fee	0	\$55 Filing Fee & Certified Copy		

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.

L N	Name of the limited liability company: Angular Velo	ocity Designs, LL	C	
2. (a	1215 Abilene Trail Orange Park EL 32065	1215 Abilene Trail, Orange Park, FL 3206		
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.	04/11/2016 Date of filing/registration in Florida	L160000	Document number	
5. (ï	Registered Agent and Registered Office shown on the records of Steven Taylor	The Florida Dept. of Su	ate:	
	Registered Office Address 1210 Abilene Trail	<u>(ADDRESS)</u>		
	Orange Park, F	32065		
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Steven Taylor	d Office address:		
	NEW Registered Office Address:		_	
	1215 Abilene Trail	<u>.</u>	_ :	
	Orange Park, FI	L_32065		
the cl agent was/v the ar	limited liability company is not organized under the lanange 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 vote of the members ticles of organization or the operating agreement of the	f the registered offi- iability company, it of the limited liabil	lorida, it is hereby confirmed that after ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.	
Sion	Signature of a member or authorized representative of a member		Printed or typed name of signee	
I her provi the ol to me notifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in this ca e performance of me ed for in Chapter 60 hereby confirm tha		
Signa	ture of Registered Agent			

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