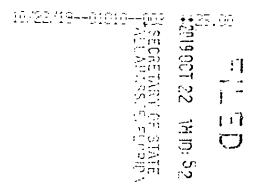
## 1160000 44457

(Requestor's Name) (Address)							
							(Address)
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		<b>3</b> ;					
- SUBJ	AMERICAN V, LLC							
	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning the	is matter to the	following:					
MAR	K KARA							
	Name of Person		<del></del>					
AME	RICAN V, LLC							
	Firm/Company		_					
РО В	3OX 2225							
	Address		<del></del>					
SEF	NER, <b>F</b> L 33583							
	City/State and Zip Code							
amer	icanbrandy2010@gmail.com							
	E-mail address: (to be used for future ann	ual report notif	ication)					
For fu	rther information concerning this matter,	please call:						
Brand	dy Kara	813 at (	315-1714					
	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	Re Di P.C	alLING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314					
	Enclosed is a check for the following	osed is a check for the following amount:						
	<b>2</b> \$25 Filing Fee	<b>□</b> \$:	55 Filing Fee & Certified Copy					
INHSI	8 (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.

ì.	Na	mme of the limited liability company: AMERICAN V	, LLC			
2	(a)		()	b)		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ``	· · · · ·	1	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		4205 W ALVA STREET		PC	ВОХ	2225
		TAMPA, FL 33614	_	SE	FFNE	ER, FL 33583
		03/03/2016		L16	00004	14457
3.		Date of filing/registration in Florida	4.			Document number
5	(a)	MARK KARA				
٥.	(4)	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept	. of State	X
		<u> </u>				- -
		Registered Office Address (MUST BE FLORIDA STREET A 4608 N LOIS AVENUE	<u>DDRES.</u>	<u>S)</u>		
		TAMPA .FL	33614	-		120 T
(h)	(b)	N BROOK NUTTER, P.A.				CORT OF THE PERSON OF THE PERS
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				MINORT 22 MM 52 SECRETARY OF STATE
		NEW Registered Office Address:			<u>-</u>	5. 52 CORIT
		3409 W Kennedy Blvd., S	vite	A		Ž.
		TAMPA .FL	3360 <sup>C</sup>	}	M	
the age was the	cha ent v s/we arti igna igna igna igna igna igna igna ign	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of iclos of organization or the operating agreement of the law in the law is a member of all statutes relative to the proper and complete places of my position as registered agent as provided all statutes of a change in the registered office address, I had in writing of this change.	the regi bility c f the lin limited MA	istered ompa nited liabil ARK	d office my, it is liability ity con KARA	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany.  Printed or typed name of signee  active. I further garee to comply with the
Sig	gnatu	re of Registered Agent				