(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
/D.	ısiness Entity Nam			
(60	isiness Enuty Nam	le)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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DEC 1 3 2016 S. YOUNG SEGREGATION OF THE PLANT OF THE PER 12 PH 4: 11

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	THE A ENTERPRISES-FLOR	IDA, LLC	
		of Limited Lia	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this r	natter to the f	following:
Donn	a Bertucci		
	Name of Person		_
Corpo	orate Direct, Inc		
	Firm/Company		_
2248	Meridian Blvd. Suite H		
	Address	<u> </u>	— v ** R jangipagjagi 60
Minde	en, NV 89423		
	City/State and Zip Code		_
info@	gcorporatedirect.com		
F	E-mail address: (to be used for future annua	l report notifi	cation)
For fu	rther information concerning this matter, pl	lease call:	
Donn	na Bertucci	775	782-2201
	Name of Person	. 41 (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	
4; 2	Enclosed is a check for the following a	mount:	
	☑ \$25 Filing Fee	□ \$5	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.

1. N	ame of the limited liability company: THE A ENTE	RPRISES-	-FLORIDA, LLC
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	60 E. SIMPSON AVE, Box 2869	60	DE. SIMPSON AVE, Box 2869
	JACKSON, WY 83001		ACKSON, WY 83001
	03/29/2016	L16	6000062905
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
<i>2.</i> (w)	Registered Agent and Registered Office shown on the records of DETWEILER, GERRI	the Florida Dep	ot. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	DEC 12
	SARASOTA	34232	12 PM FE
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> REGISTERED AGENTS INC. NEW Registered Office Address:	Office address	PM 4: 11
	3030 N. Rocky Point Drive, STE 150A		
			
	Tampa	33607	
signal I here provis the obto mer	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law companies of a member or authorized representative of a member or authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change. Bill Hayre/Assistant Secre	ws of the Sta the registere ability compof the limited limited liabi ree to act in t performance d for in Chap hereby confin	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company. DONOG Bed HUCCL Printed or typed name of signee this capacity. I further agree to comply with the

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