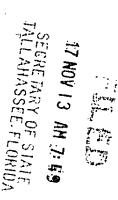
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COVER LETTER

TO:

TO: Registration Section Division of Corporations						
SUBJECT: AML Engineering LLC						
Name of Limited 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 m	natter to the following:					
Alan M. Lockrem						
Name of Person						
AML Engineering LLC						
Firm/Company						
1876 Concert Road						
Address						
Deltona, FL 32738						
City/State and Zip Code						
alanmlockrem@gmail.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, ple	ase call:					
Alan M. Lockrem	386 960-3384					
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.	Na	me of the limited liability company: AML Engineer	ring LLC	
2.	(a)	1876 Concert Road	(b) 1876 C	oncert Road
2 .	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Deltona, FL 32738	Deltona	a, FL 32738
		April 9, 2016	L160000	70974
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Alan M. Lockrem		
	(4)	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of Sta	 tte:
		213 Brookgreen Way		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		FECKE NON
		DeLand , FL	32724	NOV 13
	(b)	Alan M. Lockrem		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:	
		1876 Concert Road) SE
		NEW Registered Office Address:		
		Deltona , FL	32738	_
the age was	cha ent v s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia tree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liability.	es of the State of F the registered offic bility company, it f the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Š	igna	are of a member or authorized representative of a member		Printed or typed name of signee
pro the to i	ovisi obl nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	ee to act in this cap performance of my I for in Chapter 60 tereby confirm that	pacity. I further agree to comply with the vauties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been