L16000128676

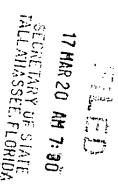
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



300296256103

03/20/17--01036--015 **25.00



COVER LETTER

Division of Corporations							
SUBJECT: ASBRO 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:						
E. Allen Stewart III							
Name of Person							
ASBRO LLC							
Firm/Company							
#312 1133 Bal Harbor Blvd Suite 1139							
Address	······································						
Punta Gorda, Fl 33950-6574							
City/State and Zip Code							
astewart24149@comcast.net							
E-mail address: (to be used for future annual	report notification)						
For further information concerning this matter, plea	ase call:						
Allen Stewart	352 615 7188						
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 am-	ount:						
■ \$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	ame of the limited liability company: ASBRO LLC			
2. (a)	#312	((b) #312	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1133 Bal Harbor Blvd Suite 1139		1139 B	al Harbor Blvd Suite 1139
	Punta Gorda FI 33950-6574	_	Punta	Gorda, FI 33950-6574
	February 1, 2017		L16000	128676
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	E. Allen Stewart III			
J. (u)	Registered Agent and Registered Office shown on the records of the	ne Floric	la Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>	
	Punta Gorda FL	33955	5	A S
(b)	E. Allen Stewart III Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 4312	ne of NEW Registered Agent and/or NEW Registered Office address:		
	NEW Registered Office Address:			- CORNI
	1133 Bal Harbor Blvd Suite 1139			- O A
	Punta Gorda , FL	33950	-6574	_
the cha agent v was/we the arti	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 liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law in the operating agreement of the law in the operation of the law in the operat	he reg bility c the lir	istered officompany, it nited liabil liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all st atutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a chappe in the registered office address. I had in writing of this change.	e to ac perform for in ereby c	et in this ca nance of my Chapter 60 confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed t the limited liability company has been

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

Signature of Registered Agent