U7000035053

(Reques	tor's Name)	.		
(Address	s)			
(Address	-)			
(Address	"			
(City/Sta	ite/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Busines	ss Entity Nam	e)		
(Caronic)	,	-,		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing	Officer:			
		:		
		i		
		į		
1				

Office Use Only



200296406772

03/13/17--01037--003 **55.00

17 MAR 13 PM 1: 36

HAR 1 4 2017 J. HARRIS

COVER LETTER '

FO: Registration Section Division of Corporations						
ANMI Properties 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:					
Jordan Gary						
Name of Person						
Firm/Company						
6214 E 113th Ave						
Address						
Temple Terrace, FL 33617						
City/State and Zip Code						
anmiproperties@gmail.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, plea	ease call:					
	305 905-3375					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations					
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following am	iount:					
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy					

INH\$18 (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: ANMI Propert	ies LL(
2. (a)	6214 E 113TH AVE		(b) PO BOX 16010		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Temple Terrace, FL 33617	-	Tampa,	FL 33687	
	02/13/2017		L170000	35053	
3. 5. (a)	Date of filing/registration in Florida Terry Firmani	4.		Document number	
(u)	Registered Agent and Registered Office shown on the records of to 2600 S Kanner Highway APT M4 Registered Office Address (MUST BE FLORIDA STREET A				
	Stuart, FL	34994		SECULOR PROPERTY AREA	
(b)	Jordan Gary				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	<u>iress</u> :		
	6214 E 113th Ave			Se Se Se	
	NEW Registered Office Address:				
	Temple Terrace , FL	33617		_	
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regisability co the lim	tered offic mpany, it it ited liability	the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Signa	Luy L. Fumani ture of Tmember or authorized representative of a member	Ter	y Firmar	Printed or typed name of signee	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and aground on sof all statutes relative to the proper and complete in ignations of my position as registered agent as provided by reflect a charge in the registered office address, I have a charge in the registered office address, I have a confident as provided in writing of this change. Division of Corporations P.O. B	perform I for in C iereby co	ance of my Chapter 60. Onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

FILING FEE: \$25.00