## 4700026/220

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

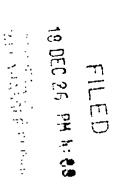
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## **COVER LETTER**

то:	Registration Section Division of Corporations					
SUBJE	American Exodus Investments, LLC					
		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change a	and fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to t	he following:			
Roge	r Larson, Manager					
	Name of Person		<del></del>			
Ameri	can Exodus Investments, LLC					
	Firm/Company		<del></del>			
4007	New Haven Avenue					
	Address					
Arling	ton Heights, IL 60004					
<u></u>	City/State and Zip Code		··············			
Amerl	ExInvest@gmail.com		<i>V</i>			
Е	-mail address: (to be used for future ann	ual report no	otification)			
For fur	ther information concerning this matter,	please call:				
Roger	Larson	847	276-0908			
	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:					
	<b>☎</b> \$25 Filing Fee		\$55 Filing Fee & Certified Copy			

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH I LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comsubmits the following statement in order to change its registered office or registered agent, or both, in the Sta Florida.

	ame of the limited liability company: America 4007 New Haven Avenue	New Haven Avenue			
2. (a)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	(b)	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Arlington Heights, IL 60004	Arlingto	on Heights, IL 60004		
	12/26/2017	L17000	261220		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	United States Corporation Agents, Inc	·.			
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	13302 Winding Oak Court	·			
	Registered Office Address (MUST BE FLORIDA S	<del></del>			
	A				
	Tampa	. FL 33612	FIL DEC 26		
(b)	Fred Dickinson	,	- II		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	egistered Office address:			
	2321 Fairskies Drive				
	NEW Registered Office Address:		_		
	<u> </u>				
	Spring Hill	, FL 34606			
the cha agent v was/w the art	imited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida line ere authorized by an affirmative vote of the men cles of organization or the operating agreemen and MANGER	the laws of the State of F dress of the registered offi nited liability company, it inbers of the limited liabil t of the limited liability co	Florida, it is hereby confirmed that after ce and the business office of the registero is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.		
Signa	turd of a member or authorized representative of a membe	er	Printed or typed name of signee		
	by accept the appointment as registered agent of ions of all statutes relative to the proper and co ligations of my position as registered agent as p cly reflect a change in the registered office add d in writing of this change.				

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