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COVER LETTER

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TO: Registration Section Division of Corporations

AMERICAN VIII, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK KARA

Name of Person

AMERICAN VIII, LLC

Firm/Company

PO BOX 2225

Address

SEFFNER, FL 33583

City/State and Zip Code

americanbrandy2010@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandy Kara

813 at (

315-1714

Name of Person

Area Code & Daytime Telephone Numb-

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR LIMITED LIABILITY COMPANY

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

I. N	ame of the limited liability company:	VIII, LLC.	
2. (a)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) 7112 E 7TH AVE		Mailing address of limited liabil (<i>Note: MAY BE POST OFF</i> O BOX 2225
	TAMPA, FL 33619		EFFNER, FL 33583
	01/25/2018	L18	8000023297
3. 5. (a	Date of filing/registration in Florida MARK KARA	4.	Document number
J. (u	Registered Agent and Registered Office shown on the records of	of the Florida Dep	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREE) 960 E DR MARTIN LUTHER KING JR BL		
	SEFFNER, F	-L <mark>33584</mark>	
(b)	N BROOK NUTTER, P.A. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addres	<u>-</u>
	<u>NEW</u> Registered Office Address: 3407 W KENNEDY BLVD SUITE A		
	TAMPA	33609	
the ch agent was/w the ar Sign	limited liability company is not organized under the liange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the difference of a member of authorized representative of a member and agreement of a member of authorized representative of a member eby accept the appointment as registered agent and agreement of all statutes relative to the proper and complete bigations of my position as registered agent as provide representations of my position as registered office address,	of the registere liability comp s of the limited ne limited liabi MARK	ed office and the business office of any, it is hereby confirmed that the d liability company or as otherwise ility company. KARA Printed or typed name of signe this capacity. I further agree to c

Signature of Registered Agent

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