

418000085184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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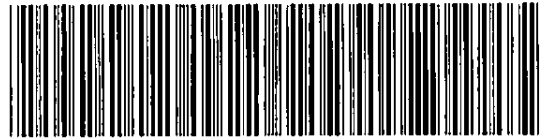
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT

CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
TALLAHASSEE, FL

**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. Name of the limited liability company: AN STORE 177, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

3150 SOUTH ORLANDO DRIVE

SANFORD, FL 32773

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

124 N Nova Rd #176

Ormond Beach, FL 32174-5122

04/06/2018

L18000085184

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ASSURED COMPLIANCE SERVICES, LLC

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1615 WOODWARD ST

ORLANDO, FL 32803

(b) \_\_\_\_\_

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

Corporation Service Company

**NEW Registered Office Address:**

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Philip K. Calandrino

Signature of a member or authorized representative of a member

Philip K. Calandrino, Authorized Person

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Grace E. Kirby  
Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT