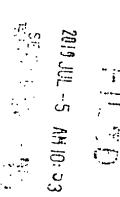
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(Requestor's Name)					
(Address)					
- (Address)					
. (City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					

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COVER LETTER

TO:	Registration Section Division of Corporations	-ଧ <mark>ୁ-ଶ</mark>	
SUBJI	ALL AMERICAN FIXERS, L.	L.C.	
3000		e of Limited Lia	bility Company
Dear S	Sir or Madam:		
The en	aclosed Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the fo	ollowing:
DAVI	ID M. RUTHERFORD		
	Name of Person		_
DAV	ID M. RUTHERFORD, INCOME TA	AX SPECIALI	S
-	Firm/Company		-
P.O.	BOX 5530		
	Address	<u>-</u>	_
DES	TIN FL 32540		
	City/State and Zip Code	10°	_
cou	NTRYPRO1@AOL.COM		
I	E-mail address: (to be used for future ann	ual report notific	ration)
For fu	rther information concerning this matter,	please call:	
MAT	THEW J. SMITH	850	390-9550
	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	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314
Enclosed is a check for the following amount:			
	☑ \$25 Filing Fee	□ \$5:	5 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	me of the limited liability company: ALL AMER	RICAN FIXE	ERS, L.L.C.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 721 BAYOU DRIVE DESTIN FL 32541		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 721 BAYOU DRIVE DESTIN FL 32541
• •	10/13/2016		_18000247149
3.	Date of filing/registration in Florida	4.	Document number
	Registered Agent and Registered Office shown on the record AMBER PETERSON Registered Office Address (MUST BE FLORIDA STREETED AND DRIVE)		
	DESTIN	32541	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Agent Agent And/or NEW Registered Agent Agent And/or NEW Registered Agent Age	tered Office add	Iress: 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	NEW Registered Office Address: 721 BAYOU DRIVE		
		, FL_32541	
the ch agent was/w the ar	will be identical. Or, in the case of a Florida limit vere authorized by an affirmative vote of the membricles of organization or the operating agreement of a member or authorized representative of a member	ed liability copers of the limited limited l	mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in

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

Signature of Registered Agent

. . . .