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| (Requestor's Name)                      |                  |           |  |  |
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| (Address)                               |                  |           |  |  |
|   |                  |           |  |  |
| (City                                   | /State/Zip/Phon  | e #)      |  |  |
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| (Bus                                    | iness Entity Nar | ne)       |  |  |
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| Certified Copies Certificates of Status |                  |           |  |  |
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| Special Instructions to Filing Officer: |                  |           |  |  |
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Office Use Only



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## **COVER LETTER**

| TO:   | Registration Section Division of Corporations | <b>;</b>                   |                                       |      |  |  |
|---|---|----------------------------|---------------------------------------|------|--|--|
| SUBJ  |   | AMERICAN XII, LLC          |                                       |      |  |  |
|   | Name  | e of Limited               | Liability Company                     |      |  |  |
| Dear S  | Sir or Madam:                                 |                            |                                       |      |  |  |
| The er  | nclosed Registered Agent/Registered Offic     | ce Change a                | nd fee(s) are submitted for filing.   |      |  |  |
| Please  | return all correspondence concerning this     | s matter to th             | ne following:                         |      |  |  |
| MAR   | K KARA  |                            |                                       |      |  |  |
|   | Name of Person                                |                            |                                       |      |  |  |
| AME   | RICAN XII, LLC                                |                            |                                       |      |  |  |
|   | Firm/Company                                  | · · ·                      | <del></del>                           |      |  |  |
| PO B  | 3OX 2225                                      |                            |                                       |      |  |  |
|   | Address                                       | ,                          | <del></del>                           |      |  |  |
| SEF   | FNER, FL 33583                                |                            |                                       |      |  |  |
|   | City/State and Zip Code                       |                            | <del></del>                           |      |  |  |
| amer  | icanbrandy2010@gmail.com                      |                            |                                       |      |  |  |
| 1   | E-mail address: (to be used for future annu   | ial report no              | tification)                           |      |  |  |
| For fu  | rther information concerning this matter,     | please call:               |                                       |      |  |  |
| Brand   | dy Kara                                       | 813                        | 315-1714                              |      |  |  |
|   | Name of Person                                |                            | Area Code & Daytime Telephone I       | Numb |  |  |
|   | STREET/COURIER ADDRESS: Registration Section  |                            | MAILING ADDRESS: Registration Section |      |  |  |
|   | Division of Corporations                      | Į                          | Division of Corporations              |      |  |  |
|   | Clifton Building                              |                            | P.O. Box 6327                         |      |  |  |
| 2661 Executive Center Circle Tallahassee, Florida 32301 |   | Fallahassee, Florida 32314 |                                       |      |  |  |
|   |   |                            |                                       |      |  |  |
|   | Enclosed is a check for the following         | amount:                    |                                       |      |  |  |
|   | ☑ \$25 Filing Fee                             |                            | \$55 Filing Fee & Certified Copy      |      |  |  |
|   |   |                            |                                       |      |  |  |

INHS18 (2/14)

## 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.

| 1. N                               | ame of the limited liability company: AMERICAN  | XII, LLC.  |   |
|------------------------------------|---|--|---|
|                                    |   | (b)  |   |
|                                    | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)  |  | Mailing address of limited liabil (Note: MAY BE POST OFF.   |
|                                    | 960 SR 574 E  |  | PO BOX 2225   |
|                                    | SEFFNER, FL 33584   |  | SEFFNER, FL 33583   |
|                                    | 10/26/2018  | į  | _18000252434  |
| 3.                                 | Date of filing/registration in Florida  | 4.   | Document number   |
| 5. (a                              | MARK KARA   |  |   |
| J. (u                              | Registered Agent and Registered Office shown on the records of the record of the records of the | of the Florida   | Dept. of State:   |
|                                    | Registered Office Address (MUST BE FLORIDA STREET   | T ADDRESS)   |   |
|                                    | 960 E DR MLK BLVD   |  | •   |
|                                    | SEFFNER   | 33584  |   |
|                                    |   | · L  |   |
| (b)                                |   |  | <u> </u>  |
|                                    | Enter name of NEW Registered Agent and/or NEW Register  | ed Office add  | ress:   |
|                                    |   |  |   |
|                                    | NEW Registered Office Address:  |  |   |
|                                    | 3407 W KENNEDY BLVD SUITE A   |  | ン <sup>・・・</sup>  |
|                                    | TAMPA   | <sub>-L</sub> 33609  |   |
| the ch<br>agent<br>was/w<br>the ar | limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticlos of organization or the operating agreement of the   | of the registability considerated of the limited limit | tered office and the business office o<br>mpany, it is hereby confirmed that th<br>ted liability company or as otherwise                                |
| Sign                               | ature of a member or authorized representative of a member  |  | Printed or typed name of signs  |
| provis<br>the ob<br>to mei         | chy accept the appointment as registered agent and a sions of all statutes relative to the proper and completeligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.  | gree to act<br>le performa<br>led for in C<br>I hereby co  | in this capacity. I further agree to concept of my duties, and I am familiar whapter 605, F.S. Or, if this document of that the limited liability compa |