119000 163074

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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" SULKER OCT 0 2 2019

COVER LETTER

TO:	Registration Section Division of Corporations	•					
SUBJE	AMERICAN XIV, LLC						
	Nan	ne of Limite	d Liability Company				
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to	the following:				
MARK	KARA						
	Name of Person						
AMEF	RICAN XIV, LLC						
	Firm/Company						
PO B	OX 2225						
	Address						
SEFF	NER, FL 33583						
	City/State and Zip Code						
ameri	canbrandy2010@gmail.com						
Е	-mail address: (to be used for future ann	ual report n	otification)				
For fur	ther information concerning this matter,	please call:					
Brand	ly Kara	813 at (315-1714				
	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	closed is a check for the following amount:					
	☑ \$25 Filing Fee	C	\$55 Filing Fee & Certified Copy				
INHS18	3 (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: A	MERICAN XIV, LL	C.			
2. (a)		(b)			
	Principal office address of limited liability (Note: MUST BE STREET ADD	y company:	N	failing address of limited liability (Note: MAY BE POST OFF.		
	5011 OCEAN BLVD	<u>(1255)</u>	РО ВОХ	•		
	SARASOTA, FL 34242		SEFFNER, FL 33583			
	06/20/2019		L1900016	3074		
3.	Date of filing/registration in Flo	orida 4.		Document number		
5. (a	MARK KARA					
ی. (a	Registered Agent and Registered Office shown o	n the records of the Florid	a Dept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	960 E DR MLK BLVD		-	~		
	SEFFNER	FI 33584				
	N DDOOK NUTTED DA	<u></u> .				
(b)	N BROOK NUTTER, P.A.					
	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office ac	<u>ldress:</u>			
	NEW Registered Office Address:					
	3407 W KENNEDY BLVD SUITE	Α				
	TAMPA	, _{FL} 33609				
the ch agent was/w	limited liability company is not organized ange or changes are made, the Florida strowill be identical. Or, in the case of a Florere authorized by an affirmative vote of the iclosof organization or the operating agree of the operating agree operating agree of the operating agree operating agree of the operating agree of the operating agree operating agree of the operating agree ope	under the laws of the cet address of the regi- ida limited liability c he members of the lin cement of the limited	e State of Flo stered office ompany, it is nited liability	and the business office of hereby confirmed that the company or as otherwise		
Signa	ature of a member or authorized representative of a			Printed or typed name of signe		
the ob to men notifie	by accept the appointment as registered of ions of all statutes relative to the proper of ligations of my position as registered age welv reflect a change in the registered officed in writing of this change.	agent and agree to ac and complete perform nt us provided for in ce address. I hereby c	t in this capa iance of my a Chapter 605, onfirm that t	icity. I further agree to co luties, and I am familiar v F.S. Or, if this documen he limited liability compa		