

L20 000262050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

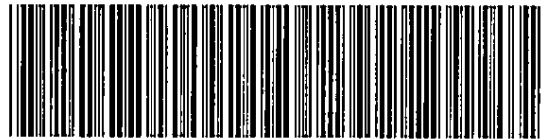
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 SEP 17 AM 9:00

CLERK OF STATE
TALLAHASSEE, FL

JL 10/22/20

9/10/20

To whom it may concern's

I filled for my Registered Agent to be Legal Zoom because I didn't know what I was doing and they charged me \$250 for no reason, so I want to change my registered Agent to myself =

Aneilca Smith
A K S Real estate Services LLC
345 Nova Dr
Davenport FL ~~33837~~
33837

646-675-2183

~~Aneilca Smith~~

Thank you

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AKS Real estate Services LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Aneika Smith
Name of Person

AKS Real estate Services LLC
Firm/Company

345 Nova Dr
Address

Tavernport FL 33837
City/State and Zip Code

Aneika Smith @ icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aneika Smith at (646) 675-2183
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 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: AHS Real Estate Services LLC

2. (a) LEGAL ZOOM team (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

9900 Spectrum Drive
Austin TX 78717

3. 8/24/2020 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:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL

(b) Aneika Smith

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

345 NOVA DR

NEW Registered Office Address:

Davenport, FL 33837

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.

Aneika Smith
Signature of a member or authorized representative of a member

Aneika Smith
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.

Aneika Smith
Signature of Registered Agent

FILED
2020 SEP 17 AM 9:00
TALLAHASSEE, FL
SECRETARY OF STATE