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LLC REGISTERED AGENT CHANGE AA & SS CASAS LLC

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	AA & SS CASAS LLC	AA & SS CASAS LLC				
ЗОВОС		Name of Limited Liability Company				
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered Offi	ice Change an	d fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to th	c following:			
Chey	enne Moseley					
	Name of Person		<u> </u>			
Legal	zoom.com, Inc.					
	Firm/Company					
101 N	N. Brand Blvd., 10th Floor					
	Address	-				
Glend	dale, CA 91203					
	City/State and Zip Code					
ssste	phaniechang@gmail.com					
E	-mail address: (to be used for future ann	ual report not	ification)			
For fur	ther information concerning this matter,	please call:				
Chey	enne Moseley	800 at (773-0888 ext 9724			
	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	R 1) P	IAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Fallahassee, Florida 32314			
	Enclosed is a check for the following	closed is a check for the following amount:				
	☑ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy			
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From: Sarah Acevedo Page: 4 of 5 2021-08-26 14:07:41 PDT LegalZoom.com, Inc. Tp: +18506176383

850-617-6381

8/24/2021 2:26:59 PM PAGE 1/001 Fax Server



August 24, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

AA & SS CASAS LLC 19653 POST ISLAND LOOP LAND O' LAKES, FL 34638US

SUBJECT: AA & SS CASAS LLC

REF: L21000161091

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The fax audit page is for an Amendment not for a Registered agent change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt Regulatory Specialist III

FAX Aud. #: H21000312546 Letter Number: 921A00020339 To: +18506176383

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. N	Name of the limited liability company: AA & SS CA	SAS LLC			
2. (a)		- ·			
<u></u> (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	м	Asiling address of limited liability company: (Nate: MAY RE POST OFFICE BOX)		
	19653 POST ISLAND LOOP	19653 PC	OST ISLAND LOOF	Ρ	
	LAND O' LAKES, FL 34638	LAND O'	LAKES, FL 34638		
	04/07/2021	L2100016	1091		
3.	Date of filing/registration in Florida	4. 1	Document number		
5. (a)				
(-	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGEN				
	Registered Office Address (MUST BE FLORIDA STREET	(DDRESS)			
	5575 S. Semoran Blvd., Suite 36			- ^	
	Orlando, F	32822		2021 AUG 27 ALLAHKSSE	
				II AUG 27 I	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		27 27 38E	
	enter name of New Registered Agent allow (New Registered	tymet address.			
	Stephanie Chang			- 본() - 15 - 18일 - 12	
	NEW Registered Office Address:				
	19653 POST ISLAND LOOP				
	LAND O' LAKES, F	34638			
the chagent	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 ticles of organization or the operating agreement of the	vs of the State of Floi the registered office ability company, it is if the limited liability	and the business office hereby confirmed that company or as otherw	e of the registered the change(s)	
,	·	Stephanie Ch	<u> </u>		
_	nature of a member or authorized representative of a member		Printed or typed name of si		
provi. the old to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet bligations of my position as registered agent as provide trefy reflect a change in the registered office address, and in writing of this change.	noriarmance al my a	Wiles ana i am iamita	n wan una uccem	
		Stephanie Cha	ang		
Sigha	iure of the gistered Agent				
	Division of Corporations P.O FILING	Box 6327∙ Tallahass EE: \$25.00	iee, FL 32314		