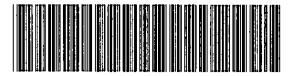
L22 000 409 406

(Re	equestor's Name)			
(Address)				
				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

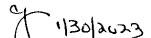
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	•	
AMI 2 GO		
SUBJECT:		
Name of	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Joe Lalonde		
Name of Person		
AMI 2 GO		
Firm/Company		
PO Box 2		
Address		
Anna Maria, Fl. 34216		
City/State and Zip Code		
ami2go@yahoo.com		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, plea-	se call:	
Joe Lalonde	231 722-8100	
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 amo	ount:	
□ \$25 Filing Fee	☐ \$55 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.

	nme of the limited liability company:	(1		2 Anna Maria, F1, 34216
(a <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ('	"/ <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9/20/22	-	1.22000409	2406
. (a)	Date of filing/registration in Florida United States Corporation Agents, Inc.	4.		Document number
. (4)	Registered Agent and Registered Office shown on the records of the 5575 S. Semoran Blvd. Suite 36	e Florid	a Dept. of Sta	nte:
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRES.	<u>s)</u>	2022 NOV SECRETALLT
	Orlando 3 .FL_	2822		
(b)	Joseph Lalonde			- 2
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> 5602 Marina Dr. Unit C	Office ac	ldress:	V-2 PH 3: 38
	NEW Registered Office Address:			_
	Holmes Beach 3.	4216		_
hange gent v vas/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the re vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization of the operating agreement of the line	egister oility co the lin mited l	ed office ar ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
rovisi le obl) mere	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete po- igations of my position as registered agent as provided j ely reflect a change in the registered office address. I he I in writing of this change	to act erform for in C reby co	in this cap ance of my Thapter 60 Onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered agent