America's Affic Managener Requester's Name 1121 N. Venection Dr. Address	3000 +11C	2737
Address Miani Pl 33139 City/State/Zip Phone #		4000033115441 -07/03/0001102011 *****75.00 *****25.00
		Office Use Only
CORPORATION NAME(S) & DOCUM	TENT NUMBER(S), (if	known):
1(Corporation Name)	(Document #)	· · ·
2.	200	
(Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
(Corporation 1 mans)	`	_
4. (Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time		Certified Copy
_	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R Change of Regis Dissolution/With Merger	111
OTHER FILINGS	REGISTRATION/C	<u>DUALIFICATION</u>
☐ Annual Report☐ Fictitious Name	☐ Foreign ☐ Limited Partners ☐ Reinstatement ☐ Trademark ☐ Other	hip
		Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: America's Attic Management 440
1. The name of the limited liability company is: America's Attic Management, LC 2. The mailing address of the limited liability company is: 1/21 North Venction 12.
Meani, FL 33139
3. Date of filing/registration in Florida L980000 2737 4. Document number
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Allen: Galego
Allen: Lolego Name 601 Brichell Ky Drive Sente 805 Address Miami FLorda 33/3/ City, State and Zip
Mami Florida 33/3)
6. The name and address of the new registered agent and/or office:
NOSEPH SCARFONE
Name 1121 North Venelin Ar
Florida street address (P.O. Box NOT acceptable)
. •
Miami FL 33/39 PM 8 City, State and Zip
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.
A popular Coulse
(Signature of a member or authorized representative of a member)
_TOSEPH SCARFONE
(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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 508, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registored Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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INHS18(10/99)

FILING FEE: \$25.00

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