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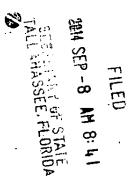
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DR14

COVER LETTER

Division of Corporations	
SUBJECT: A.A. Holdings, LLC	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Robert R. Hibbs	
Name of Person	
Firm/Company	
3401 Granada Blvd.	· .
Address	
Coral Gables, FL 33134	
City/State and Zip Code	
rrhibbs@yahoo.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, p	lease call:
William R. Hibbs	763 442-3243
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 a	mount:
☑ \$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.

(a)	ume of the limited liability company: A.A. Holdin 50 South Sixth Street, Suite 1500		_(b) 50 Soc	uth Sixth Stree	et, Suite	1500	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability comparation (Note: MAY BE POST OFFICE BOX				
	Minneapolis, MN 55402		Minnea	apolis, MN 55		rec no.	<u></u>
							
	06/07/2002		M02000	0001464	1		
	Date of filing/registration in Florida	4.		Document nu	mber		
. (a)	Maridel Carbuccia						
	Registered Agent and Registered Office shown on the record	s of the Flori	ida Dept. of Sta	ate:			
					SES PALLS	加田	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE			SEERE TALL AH		
	Registered Office Address (MUST BE FLORIDA STRE 225 NE 34th Street, Ste. 203	ET ADDRE.			TALL AHASS	SEP .	<u>=</u>
		ET ADDRE FL 3313	<u>SS)</u>		SEERE THAY OF TALL AHASSEELI	8- 43S	FILED
(b)	225 NE 34th Street, Ste. 203		<u>SS)</u>		L11 ***	SEP -8 AM 8:	FILED
(b)	225 NE 34th Street, Ste. 203 Miami	_{FL} 3313	7		FYT - 7	SEP-8 AM	FILED
(b)	225 NE 34th Street, Ste. 203 Miami Robert R. Hibbs	_{FL} 3313	7		L11 ***	SEP -8 AM 8:	FILED
(b)	225 NE 34th Street, Ste. 203 Miami Robert R. Hibbs Enter name of NEW Registered Agent and/or NEW Registered.	_{FL} 3313	7		L11 ***	SEP -8 AM 8:	FILED

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.

Signature of a member or authorized representative of a member

William R. Hibbs

nature of a member or authorized representative of a member 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.

Signature of Registered Agent