-M0100005363

(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
:					

Office Use Only



000179955150

05/20/10--01009--019 **25.00



D. BRUCE

MAY 21 2010

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ			ERPRISES Liability Cor		
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered	Office (Change and fe	e(s) are submitted :	for filing.
Please	return all correspondence concerning	g this m	atter to the fol	llowing:	
	Melissa Mahon Name of Person				
	Delaware Business Incorporato	ors, Inc.			
	3422 Old Capitol Trail Ste 7	700			10 MAY 20 NECKRITARY ALLARIASSE
	Wilmington DE 19808 City/State and Zip Code				MAY 20 PM 2: 49
E	melissa@dbiglobal.com	notificatio	on)		
For fu	rther information concerning this ma	tter, plea	ase call:		
	Melissa Mahon Name of Person	at (302) Area Coo	996-5819 de & Daytime Telephone	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registratio Division of P.O. Box 6	f Corporations	
	Enclosed is a check for the follow	ing amo	ount:		
	\$25 Filing Fee		\$55 Filin	g Fee & Certified	Сору

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.

Name of the limited liability company:	AAFL ENTERPRISES, LLC				
2. (a) Principal office address of limited liability compa	any: AAFL ENTERPRISES, LLC				
(Note: MUST BE STREET ADDRESS)	7752 Fisher Island Drive Fisher Island FL 33109				
(b) Mailing address of limited liability company:	AAFL ENTERPRISES, LLC				
(Note: MAY BE POST OFFICE BOX)	7752 Fisher Island Drive Fisher Island FL 33109				
08/27/2007	M0700005263				
3. 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 Agent:	CT Corporation System				
Registered Office Address:	1200 South Pine Island Road Plantation FL 33324				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Pacific Registered Agents Inc 3 5647 110th Ave North Royal Palm Beach ,FL33411				
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 Russell D Murray, VP -Authorized Representative 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 608, 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					