MITOTO 4517

(Requestor's Name) (Address)
(Address)
(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:
`
JØJ 6309



200284979882

05/09/16--01045--020 **60.00

SECRETARY OF STATE
TALLAHASSEE TLORIDA

AUG 0 4 2016 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2016

FRANK E DENSON SR 550 HOLTS LAKE COURT APOPKA, FL 32703

SUBJECT: A-1 AUDIO VISUAL GROUP, LLC

Ref. Number: M11000004517

We have received your document for A-1 AUDIO VISUAL GROUP, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

An individual must sign on behalf of the business entity you have designated as the registered agent.

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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 816A00009835

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: A-1 Audio Visual, LL		tu Common		
Name of Foreign	Limited Liabili	ty Compan	ıy	
Dear Sir or Madam:				
The enclosed application, certificate and fee(s) ar	e submitted for	filing.		
Please return all correspondence concerning this	matter to the fo	llowing:		
Camell D Williams				
Name of Person				
A-1 Audio Visual, LLC			Č	16 NAY -9 AM 11: 59
Firm/Company				۲ 9
550 Holts Lake Court				三
Address				<u></u>
Apopka, Florida 32703				9
City/State and Zip Code				
info@a1audiovisual.com				
E-mail address: (to be used for future annual re	eport notification	on)		
For further information concerning this matter, pl		227.0	005	
	at (<u>404</u>)	337-0	· · · · · · · · · · · · · · · · · · ·	
Name of Person	Area Code &	2 Daytime	Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registrati Division (P.O. Box	G ADDRESS: ion Section of Corporations 6327 see, Florida 32314	
Enclosed is a check for the following amount: \$\Begin{array}{c} \$25 \text{ Filing Fee} & \Bigcirc \$30 \text{ Filing Fee & Certificate of Status} \end{array}\$	S55 Filing		☐ \$60 Filing Fee, Certificate of Status & Certified Copy	:

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Comp	oany as it appear	s on the reco	rds of the Florida	Department of		
State: A-1 Audio Visual	I, LLC					
Enter new principal office address	, if applicable:	550 Ho	lts Lake Cou	rt		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRES.</u>	<u>S</u>)	Aopoka	, Florida 327	703		
Enter new mailing address, if appl (Mailing address MAY BE A POST OFFICE BOX					ħ	
2. The Florida document number of	of this limited lia	ability compa	my is: M11000	0004517	方 HIN -	
3. Jurisdiction of its organization:				·	哥哥	
4. Date authorized to do business	in Florida: 09	/09/2011			到11:59	
SECTION II (5-9 complete only					9	
5. New name of the limited liability	ity company: A	-1 Audio	Visual, LLC			
	(mus	st contain "L	mited Liability Co	ompany, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alterna copy of the written consent of the must contain "Limited Liability Co	managers or ma	naging mem	pers adopting the	business in Florida and attach a alternate name. The alternate na	a iine	
6. If amending the registered agen registered agent and/or the new re			dress on our record	ds. enter the name of the new		
Name of New Registered Agent:	Camell D	<i>Williams</i>				
New Registered Office Address:	550 Halta Lako Court					
			Enter Flori	da Street Address		
	<u> </u>	oopka		, Florida 32703		
			City	Zip Code		
New Registered Agent's Signature I hereby accept the appointment a the provisions of all statutes relati and accept the obligations of my p document is being filed to merely liability company has been notifie	s registered age ive to the proper position as regis reflect a change	nt and agree and comple tered agent o in the regist	to act in this cape te performance of is provided for in (my duties, and I am familiar wi Chapter 605, F.S. Or, if this	ith	

Camell D Williams

If Changing Registered Agent, Signature of New Registered Agent

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Actio
MGR	Camell D Williams	550 Holts Lake Court, Apopka, FI 32	703 A dd
			Remov
MGR	Sherry B Denson		Add
		2550 Weatherstone Circle, Conyers, Ga 30	0094 Remov
····			35 ∰ ∰A@dd
			.9
		5 9	
		Add	
		Remove	
		Add	
			Remov
aforementi	a certificate, if required: no more than 90 oned amendment(s), duly authenticated by under the law of which this entity is organized.	y the official having custody of records in the	;
	Frank	Denson The authorized representative	

Filing Fee: \$25.00