M12000005626

| (Requestor's Name) | | | | | | |
|---|--------------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (Ci | ty/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Office Use Only



200275167392

07/22/15--01016 -012 **25.00

15 JUL 22 PM 1:55
SECRETARY OF STATE
AND ASSEF FOR ID.

MI 23 ME



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: July 20, 2015

Order#: 711526-002

Re: AAA MARKETING SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

| 1. | Na | me of the limited liability company: AAA MARKETIN | NG SERV | ICES, LLC | | |
|---|----------------------------------|---|---|--|---|--|
| 2 | (a) | a) 2650 McCormick Dr. | | (b) 2650 McCormick Dr. | | |
| 2. (4) | | Principal office address of limited liability company: | _ (*) | | address of limited liability company: | |
| | | (Note: MUST BE STREET ADDRESS) | * | _ | : MAY BE POST OFFICE BOX) | |
| | | 200S | _ | 2008 | | |
| | | Clearwater FL 33759 | _ | Clearwater, FL | 33759 | |
| | | 10/08/2012 | | M12000005626 | | |
| 3. | | Date of filing/registration in Florida | 4. | Docur | ment number | |
| 5. | (a) | Corporation Service Company | | | | |
| ٥. | (4) | Registered Agent and Registered Office shown on the records of the | he Florida | Dept, of State: | | |
| | | | | | | |
| | | 1201 Hays Street Registered Office Address (MUST BE FLORIDA STREET A | DDRESS | | | |
| Regulated Office Address [MODI DE PEDATOR STREET ADDRESS] | | | | | | |
| | | | | | 4.0 - | |
| | | Tallahassee ,FL | 32301 | | SEC J | |
| | | | | | JUL 22 LLAHASS | |
| | (b) | R. Nathan Hightower, Esquire | | | L 22 HASS | |
| | ` , | Enter name of NEW Registered Agent and/or NEW Registered | Office add | ress: | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | |
| | | 2650 McCormick Dr. | | | -: 5 STAT | |
| | | NEW Registered Office Address: | | | D 1 1:55 F STATE FFLORID | |
| | | | | | P | |
| | | | | | | |
| | | Cleanwater | 22750 | | | |
| | | Clearwater , FL | 33759 | | | |
| If t | he li | mited liability company is not organized under the law | s of the S | State of Florida, i | t is hereby confirmed that after | |
| the | cha | nge or changes are made, the Florida street address of | the regist | ered office and the | he business office of the registered | |
| wa | s/we | vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of | f the limi | npany, it is nered ted liability comp | pany or as otherwise provided in | |
| the | arti | cles of organization or the operating agreement of the l | limited lis | ibility company. | • | |
| | | 02 | Dona | Priebe, Authoriz | | |
| 8 | Signat | ure af a vember or authorized representative of a member | | Printed | f or typed name of signee | |
| pro the to not | ovisio obli mere tifiea | y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. | ee to act i performa I for in Ci ereby coi | n this capacity. In this capacity. In the second se | I further agree to comply with the and I am familiar with and accept Or, if this document is being filed ited liability company has been | |
| 218 | matur | e of Registered Agent R. Nathan Hightower, Esq. | | | | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00