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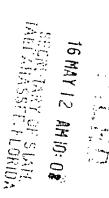
_ (Requestor's Name)						
	Address)						
(Address)							
(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
(Business Entity Name)						
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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MAY 1 3 2016 J SHIVERS May 5, 2016

VIA US MAIL

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: A & M (2015) LLC

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$25.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Andres Blanco REGISTERED AGENT SOLUTIONS, INC. 1701 Directors Blvd., Suite 300 Austin, TX 78744

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: A & M (2015) LLC						
	of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	: Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
Jaclyn Wright						
Name of Person						
Registered Agent Solutions, Inc.						
Firm/Company						
1701 Directors Blvd., Suite 300						
Address						
Austin, TX 78744						
City/State and Zip Code						
Orders@rasi.com						
E-mail address: (to be used for future annua	al report notification)					
For further information concerning this matter, pl	lease call:					
Jaclyn Wright	888 705-7274					
Name of Person	· Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following a	mount:					
☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy					
INIUC 19 (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.

l. N	Name of the limited liability company: A & M (2015)	LLC							-
	Principal office address of limited liability company:		(b) .		Malling address of li				-
	(<u>Nois: MUST BE STREET ADDRESS)</u> 12 VREELAND AVENUE			12 VRF	(<u>Neie: Mai) BE.</u> EELAND AVEN		<u>FICE BOX</u>	Q	
•	TOTOWA, NJ 07512		-		NA, NJ 07512				-
			•						-
	06/05/2013	_	N	113000	003661				_
3.	Date of filing/registration in Florida	4.			Document num	ber			
5. (E	Registered Agent and Registered Office shown on the records of the CORPORATION SERVICE COMPANY Registered Office Address (MUST BE FLORIDA STREET A			ept. of Str	nte:		71W 19M.	16 MAY	
	201 HAYS STREET 5	2020	\	E2				12	
	TALLAHASSEE ,FL	323L		.JZ			<u> </u>		1
(b					******		40.7 51.5	10: 0	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	addr	<u>css</u> :			10%	6 2	
	NEW Registered Office Address:								
-	155 Office Plaza Dr., Suite A				-				
	Tallahassee , FL	3230	01		_				
the cl agent was/v the as	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	vs of the reability of the I	he S gist con limit	tate of F ered offi ipany, it ed liabil ibility co	Florida, it is hereby ice and the busines is hereby confirm lity company or as ompany. TUART EUST	ss office ned that to otherwi	of the re the chang se provid	gistere: 2e(s)	d d
_	nature of a member or authorized representative of a member				Printed or typed n	-		1.7	_
norgi	reby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bilgations of my position as registered agent as provide trely reflect a change in the registered office address, I ed in writing of this change. ASST COVIDER The of Registered Agent	ee to perfoi perfoi d for i hereby	act i rmai in Cl y cor	n this ca nce of m napter 60 nfirm tha	pacity. I further of y dutles, and I am 05, F.S. Or, if this u the limited liabi	igree to familiar docume lity comp	comply v vith and ant is bei pany has	vith the d accep ng filea been	y
	Division of Corporations P.O. I FILING F				nssee, FL 32314				

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