Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000164459 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Email Address:\_

Enter the email address for this business entity to be used for future i cannual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

ARCHER VACATION PROPERTIES, LLC

Electronic Filing Menu

Corporate Filing Menu

Help

## 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. N	ame of the limited liability company: ARCHER VACAT	ION PROPERT	IES. LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/26/2015	M150	00005076
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	Aubrey Dallen & Associates LLC		
J. (a)	Registered Agent and Registered Office shown on the records of		
	1260 Carlton Arms Circle UNIT A		
	Registered Office Address [MUST BE FLORIDA STREET ADDRESS]		
		_	
	Bradenton	34208	
			26
(b)			2024 1757
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7901 4th St N		-6
	NEW Registered Office Address:		
	STE 300		=
			<del></del>
	St. Petersburg	33702	
the chagent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the floridal member of a	ws of the State the registered ability compar of the limited l limited liabili Robin Jone	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.  Printed or typed name of signee is comply with the
the ob to mer notifie	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.  Outlo Douts - Assistant Se		er 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signali	ire of Registered Agent	surgiary	