## MIGCCO2C2G

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

Office Use Only



900306537049

12/18/17--01016--024 \*\*25.00



O SIMMONS DEC 1 8 2017

## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: AWRS LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this ma	atter to the following:					
Randy Smith						
Name of Person	<del></del>					
AWRS LLC						
Firm/Company						
178 Burns Ave						
Address	<del></del>					
Longwood, FL 32750						
City/State and Zip Code	<del></del>					
randy@unbound-holdings.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, plea	ase call:					
Randy Smith	513 275-8951					
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	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amo	ount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (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.

1. Na	ume of the limited liability company:					
2. (a)	1000 Savage CT 105			Stablewatch CT		
4. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: MAY BE PO		
	Suite 107 Box 118		Monroe	OH 45050		
	Longwood, FL 32750	<del></del>				
	April 1, 2016		M160000	002026		
3.	Date of filing/registration in Florida	4.		Document number	r	
5. (a)	SPIEGEL & UTRERA, P.A.					
<i></i> ()	Registered Agent and Registered Office shown on the records of 1804 SW 22ND STREET, 4TH FLOOR	the Flori	da Dept. of Stat	- e:		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>55)</u>	_		
	Miami	3314		_	17日	
		,		_	TOEC 18	
(b)	Randy Smith			_		
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ddress</u> :		AH 4: 23	
	178 Burns Ave				: 22 ORM	
	NEW Registered Office Address:	•		_	<b>→</b>	
	Longwood	32750	)	_		
	, FL			_		
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regability of the li	gistered offic company, it i mited liabilit	e and the business of shereby confirmed by company or as of our or as of our or as of our or as of our or	office of the registered that the change(s)	
Signat	ure of a member or authorized representative of a member			Printed or typed name	of signee	
provisi the obli to merc	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I in writing of this change.	ree to a perform d for in hereby	ct in this cap nance of my Chapter 60; confirm that	acity. I further agr duties, and I am fai 5, F.S. Or, if this do the limited liability	ree to comply with the miliar with and accept ocument is being filed ocompany has been	
Signatu	re of Registered Agont					