(Requestor's Name)		
(Address)		
(1111555)		
(Address)		
(City/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
	l	
	ı	

Office Use Only



400297673124

04/10/17--01036--005 **25.00

TILLUX OF STATE

S Warren APR 1 1 2017

COVER LETTER

TO: Registration Section Division of Corporations	
	HOLDINGS LLC ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regis	stered Office Change and fee(s) are submitted for filing.
Please return all correspondence cond	cerning this matter to the following:
WENDY SAJO Name of Person	008
Firm/Company	
7211 SW 132	Street
Pinecreot FL 3 City/State and Zip Code	23156
E-mail address: (to be used for future annu	al report notification)
For further information concerning th	nis matter, please call:
WENDY SATOUS Name of Person	at (<u>305</u>) <u>7-98 3939</u> Area Code & Daytime Telephone Number
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the t	following amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Purşuant to the provisions of sections 605.0114, 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. Name of the limited liability company:	AAS HOLDINGS LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	1y: 7211 SW 132 STREET Precrest FL 33156
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7211 SW 132 STREET Princered FL 33156
3. Date of filing/registration in Florida	M17000000 629 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	SAJOUS, WENDY
Registered Office Address:	7211 SW 132 Street Pinecrest FL 33156
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	W Registered Office address: WENDY SAJOUS 11767 S Dixie Hwy
(MUST BE FLORIDA STREET ADDRESS)	# 172 Pinecrest ,FL 33150
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 605, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. Signature of Registered Agent	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of ise provided in the articles of organization or

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