

L15000099703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

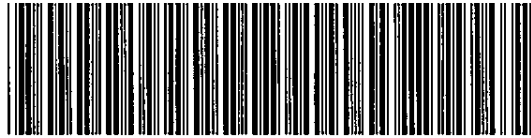
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
15 JUN 22 PM 2:02
TALLAHASSEE, FLORIDA

JUN 23 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSEPH WES
Name 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:

JOSH PFAUTZ
Name of Person

JOSEPH WES / SELF
Firm/Company

4909 SW 90 TER
Address

Cooper, City, FL 33328
City/State and Zip Code

Joshpfautz@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josh Pfautz at (717) 645-6589
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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 following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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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. Name of the limited liability company: JOSEPH WES

2. (a) 4909 SW 90 TER Principal office address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**)

Cooper City, FL 33328

(b) ← SAME Mailing address of limited liability company:
 (Note: **MAY BE POST OFFICE BOX**)

3. 6/16/2015 Date of filing registration in Florida

4. L15000099703 Document number

5. (a) ~~Joseph Wes~~ Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
 _____, FL _____

(b) Josh Pfautz
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

4909 SW 90 TER
NEW Registered Office Address:
Cooper City, FL 33328
 _____, FL _____

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Josh Pfautz
 Signature of a member or authorized representative of a member

JOSEPH WES
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Josh Pfautz
 Signature of Registered Agent