

L16000020830

(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



500291024515

10/21/16--01006--029 **25.00

2016 OCT 21 A 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

OCT 24 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WE CREATE LIFT, LLC
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:

WILLIAM WECKEL
Name of Person

WE CREATE LIFT LLC
Firm/Company

140 OPP BLVD NE
Address

FORT WALTON BEACH, FLORIDA 32548
City/State and Zip Code

ACCOUNTS@WECREATELIFT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM WECKEL at (850) 399-1002
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

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: WE CREATE LIFT LLC

2. (a) <u>140 OPP BLVD NE</u>	(b) <u>140 OPP BLVD NE</u>
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>FORT WALTON BEACH, FL 32548</u>	<u>FORT WALTON BEACH, FL 32548</u>

3. <u>01/29/2016</u>	4. <u>L16000020830</u>
Date of filing/registration in Florida	Document number

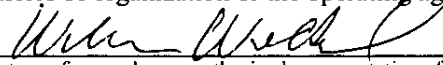
5. (a) WILLIAM WECKEL
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
WE CREATE LIFT LLC

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
195 REDFISH CIR
SANTA ROSA BEACH, FL 32459

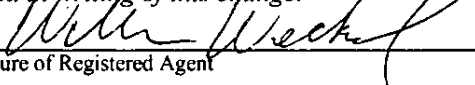
(b) William Weckel
Enter name of NEW Registered Agent and/or NEW Registered Office address:
WE CREATE LIFT, LLC
NEW Registered Office Address:
140 OPP BLVD NE
FORT WALTON BEACH, FL 32548

2016 OCT 21 A 11:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED

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.

 _____ Signature of a member or authorized representative of a member	WILLIAM WECKEL _____ 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.



 Signature of Registered Agent