## 104000048036

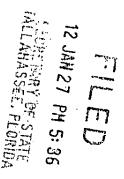
| (Re                                     | questor's Name)   |           |  |  |
|---|-------------------|-----------|--|--|
| (Address)                               |                   |           |  |  |
| (Address)                               |                   |           |  |  |
| (City/State/Zip/Phone #)                |                   |           |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL      |  |  |
| (Bu                                     | siness Entity Nan | ne)       |  |  |
| (Document Number)                       |                   |           |  |  |
| Certified Copies                        | _ Certificates    | of Status |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |
|   |                   |           |  |  |
|   |                   |           |  |  |
|   |                   |           |  |  |

Office Use Only



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D. BRUCE

JAN 30 2012

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |                   |   |
|--|---|-------------------|---|
| *  | - Loc Momith, LLC ed Liability Company  | · · · · · · · · · |   |
| Dear Sir or Madam:   |   |                   |   |
| The enclosed Registered Agent/Registered Office  | Change and fee(s) are submitted for fili  | ng.               |   |
| Please return all correspondence concerning this r   | natter to the following:  |                   |   |
| JOSHUAD Zelman, E  | <u>59.</u>  |                   |   |
| Joshua D. Zelman, P.   | <u>A</u> .  |                   |   |
| MOT E. Park Auence   |   | 12 .<br>TALL!     |   |
| Tallahassu F1. 323 City/State and Zip Code   | 01  | MAN 27 PH         |   |
| Dmail address (to be used for future annual report notificat   | n com   | STATE<br>FLORIDA  | Ö |
| For further information concerning this matter, plants   | ease call:  | -                 |   |
| Victorian Bramblett at (   | 850 M38-8973 Area Code & Daytine Telephone Number   | r                 |   |
| 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 am   | ount:   |                   |   |
| \$25 Filing Fee  | \$55 Filing Fee & Certified Copy  |                   |   |
| INHS18 (5/08»  |   |                   |   |

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

Pursuant to the provisions of sections 608.416 or 608.508. 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: W.E. T  | Bramblett Locusmith LC                            |  |  |
|---|---|--|--|
| 2. (a) Principal office address of limited liability compar   | 1y: <u>20034 Edgenbeter</u> Ct                    |  |  |
| (Note: MUST BE STREET ADDRESS)  | Tauchassu, Fl. 32310                              |  |  |
| (b) Mailing address of limited liability company:   | 20034 Edgewater C4.                               |  |  |
| (Note: MAY BE POST OFFICE BOX)  | Taliahassei, Fl. 32310                            |  |  |
| 400618612   | 104000048036                                      |  |  |
| 3. Date of filing/registration in Florida   | 4. Document number                                |  |  |
| 5. (a) Registered Agent and Registered Office shown or  | the records of the Florida Dept. of State:        |  |  |
| Registered Agent:   | Victoriah Bramblett                               |  |  |
| Registered Office Address:  | ACCIDATORS LE, F1.32310                           |  |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>  |   |  |  |
| <u>NEW</u> Registered Agent:  | Oshia D. Zelman, ESG                              |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | JOHE POIK AVENUE<br>TOURSE E FL 30301             |  |  |
| 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. |   |  |  |
| 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 pland I am familiar with and accept the obligations of my prochapter 608, F.S. Or, if this document is being filed to maddress, I bereby confirm that the limited liability company.  Support of Registered Agent   | goree to act in this capacity. I further goree to |  |  |

FILING FEE: \$25,00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314