

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: WHWW, INC.

Phone

Account Number : I20060000124

(407) 246-6584

Fax Number

: (407)645-3728

REGISTERED AGENT CHANGE

ALLEN-OYLER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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11/8/2007

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COVER LETTER

COAFETEI	1 EK
TO: Registration Section Division of Corporations	
SUBJECT: ALLEN-OYLER, LLC (Name of Limited Liabi	lity 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:
Harold L. Downing, Esquire	<u> </u>
, ,	
Winderweedle, Haines, Ward & Woodmar (Fina/Company)	<u>),</u> P.A.
329 Park Avenue North, Second Floor (Address)	·
Winter Park, FL 32789 (City/State and Zip Code)	-
For further information concerning this matter, please cal	1:
Vanessa J. DiSimone at (407	246-6584
(Name of Person)	(Area Code & Daytime Telephone Number)
Registration Section Re Division of Corporations Di Clifton Building P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314
Enclosed is a check for the following amount:	
✓ \$25 Filing Fee	55 Filing Fee & Certified Copy
INHS18 (8/05)	

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

1. The name of the limi	ted liability company is: A	LEN-OYLER, LLC	· · · · · · · · · · · · · · · · · · ·
2. The mailing address	of the limited liability comp	any is: 4758 Cains Wren Trail, S	Sanford, FL
32771		<u></u>	
··· 06/29/2004	No. of the second	L04000048531	
3. Date of filing/registre	ation in Florida	4. Document number	•
5. The name of the regis Florida Department o	f State:	ed office address as shown on the r	
	Philip *	Tatich	CR N
	341 North Maitlen	d Avenue, Suite 340	07 NOV -8 SECRETAR' ALLAHASS
	Maitland, I	FL 32751	E O
	•	ite and Zip	
6. The name and addres	s of the new registered agen	t and/or office:	8:31 STATE LORIDA
	WHW	W, Inc.) AE
		Avenue, 15th Floor	
	Florida street address (P	O. Box NOT acceptable)	
	Orlando, F	L 32801	
	City, State		
confirmed that after the and the business office liability company, it is lof the members of the or the operating agreem	change or changes are made of the registered agent will be beenly confirmed that the ch	der the laws of the State of Florida, e, the Florida street address of the rose identical. Or, in the case of a Floringe(s) was/were authorized by an as otherwise provided in the article ompany.	registered office orida limited a affirmative vote
Thomas L. Oyler	•		
(Printed or typed name of sign			
I hereby accept the approved and I am familiar with Chapter 608. F. S. Cr. and Feb. I hereby coeff. (Signature of Registered Agent.	Z)(OK) 9	nt and agree to act in this capacity. The proper and complete performed in y position as registered agent a de to merely reflect a change in the company has been notified in writing.	I further agree to ance of my duties, so provided for in registered office ag of this change.
	sion of Corporations, P.O.	Box 6327, Tallahassec, FL 3231 FEE: \$25.00	4
INHS18 (B/05)			

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