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COVER LETTER

TO: Registration Section Division of Corporations	••
SUBJECT: J.W. Wentworth, L. Name of L.	LC imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	unge and fee(s) are submitted for filing
Please return all correspondence concerning this matte	
The second secon	a to the following.
J.D. and J.S. Watson Name of Person	
Firm/Company	
177 Florence Trive Address	
Jupiter FL 33458 City/State and Zip Code	
JITSWatson a comcast, n JE-mail address: (to be used for future annual repo	et ort notification)
For further information concerning this matter, please of	call:
JILLWATSON at (561, 630-1660 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	t:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. Nam	ne of the limited liability company: <u>J. w.</u>	Wen-twox	th 14			
2. (a) _			177 Flo	nence ddress of limited		
	(Note: MUST BE STREET ADDRESS)		-	MAY BE POST	-	
_	Jupiter, FL 33458		Jupite	r, FL	33 <u>45</u>	8
_						
	00/00/2000		1 - 1			
3.	09/09/2004 Date of filing/registration in Florida			006668 ent number	<u>′7. </u>	
5. (a)	Katherine A. Barski	FSO				
	egistered Agent and Registered Office shown on the records		of State:			
	Go Joseph C. Kempe egistered Office Address MUST BE FLORIDA STREET	P.A.			21	
K					2021 JAN	,
_	941 North Highway	77 477		•	AR 2	
_	Jupiter.	FL_ <u>_334 1</u>				
(b)	JILL WATSON			•	PM 6	, , , , , , , , , , , , , , , , , , ,
En	iter name of NEW Registered Agent and/or NEW Registe	red Office address:			 08	
_	177 FLORENCE DRIVE	, 				
N	EW Registered Office Address:					
-						
	TUPITER	., ZZ4C	0-			
— :::::-	,	FL JJ 1 J	<u> </u>	_		
change or	ted liability company is not organized under the changes are made, the Florida street address of t	he registered offi	ce and the bus	siness office of	f the regis	dered
was/were	be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member	s of the limited li	ability compa	confirmed that ny or as otherv	t the char wise prov	ige(s) ided in
	s of organization or the operating agreement of t		_	T(- \)		
Signature	of a member or authorized representative of a member		Printed o	TSON or typed name of s	ignee	
I hereby a provisions	accept the appointment as registered agent and a of all statutes relative to the proper and comple	igree to act in this te performance o	s capacity. If f my duties, ar	urther agree to nd I am Jamilio	o comply ar with ar	with the
ne oonga to merely i notified in	of all statutes relative to the proper and comple tions of my position as registered agent as provid reflect a change in the registered office address, writing of this change.	aed for in Chapte I hereby confirm	r 603, F.S. O that the limite	r, if this documed liability com	nent is be npany has	ing filed 8 been
	Watson Registered Agent					
Signature of	Registered Agent					