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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WILLIAM J. WETZEL, LLC (Name of Limited Liability Company)
Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
WILLIAM J. WETZEL (Name of Person)
WILLIAM J. WETZEL, LLC (Firm/Company)
620 COLONIAL DRIVE (Address) VERO BEACH FL 32962 (City/State and Zip Code)
For further information concerning this matter, please call: WILLIAM J. WETZEL at (772) 567-4643 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

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1. The name of the limited liability company is: WILLIAM J.	WETZEL, LLC
2. The mailing address of the limited liability company is: 620 C	
VERO BEACH FL 32962	
25/24/2225	
$\frac{O5/O4/2005}{\text{3. Date of filing/registration in Florida}} \qquad \qquad \underbrace{LO50}_{\text{4. Docume}}$	00044393
3. Date of filing/registration in Florida 4. Docume	nt number
5. The name of the registered agent and the registered office address as shall be seen as the registered of the registered agent and the registered agent and the registered of the registered agent and the registered agent and the registered agent	nown on the records of the
Florida Department of State:	
Name	
WILLIAM J. WETZEL Name 432 TORTOISE VIEW (Address SATELLITE BEACH, FL City, State and Zip	<u> 21R</u>
Address	27927
City, State and Zip	_32131
6. The name and address of the new registered agent and/or office:	
WILLIAM J. WETZEL 620 COLONIAL DRIVE	
620 COLONIAL DRIVE	ACE 28
Florida street address (P.O. Box NOT accepta	SECULTARY ALLAMASSE
VERO BEACH, FI 32962)
VERO BEACH, FL 32962 City, State and Zip	
If the limited liability company is not organized under the laws of the Star	te of Florida it is hereby
confirmed that after the change or changes are made, the Florida street ad and the business office of the registered agent will be identical. Or, in the liability company, it is hereby confirmed that the change(s) was/were autiliability company, it is hereby confirmed that the change(s) was/were autiliability company.	dress of the registered office
liability company, it is hereby confirmed that the change(s) was/were auth	orized by an affirmative vote
of the members of the limited liability company or as otherwise provided or the operating agreement of the limited liability company.	in the articles of organization
(2)	
(Signature of a member or authorized representative of a member)	
WILLIAM J. WETZEL	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in t comply with the provisions of all statutes relative to the proper and comp and I am familiar with and accept the obligations of my position as regist Chapter 608, F.S. Or, if this document is being filed to merely reflect a c address, I hereby confirm that the limited liability company has been noti	his capacity. I further agree to lete performance of my duties,
and I am familial with and accept the obligations of my postifon as regist Chapter 608, F.S. Or, if this document is being filed to merely reflect a cl address. I hereby confirm that the limited liability company has been not	erea agent as provided for in hange in the registered office fied in writing of this change
William & Wotzel	ion in mining of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00