

LD6000068733

(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



300262746103

07/30/14--01010--002 \*\*60.00

FILED  
2014 JUL 30 PM 3:48  
CLERK OF STATE  
TALLAHASSEE FLORIDA

JUL 30 2014  
D. BRUCE

# WADLEY HANSON, LLC

604 Courtland Street, #101

Orlando, FL 32801

407.960.5980 Phone

407.960.8983 Fax

July 28, 2014

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom it May Concern:

Enclosed is our check in the amount of \$60.00 to cover Filing Fee, Certificate of Status & Certified Copy plus our executed request to change the name of the Registered Agent and update our "Articles of Amendment to Articles of Organization" (attached) for Wadley Hanson, LLC.

Please contact me at 954.972.3959 Ext. 131 if additional information is required.

Sincerely,



C. Sue Weatherman  
Asst. Controller

Cc:Gregory M. Proctor, File

K:/Wadley Hanson Reg Agt.doc

FILED  
2014 JUL 30 PM 3:48  
OFFICE OF STATE  
REGISTRAR  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wadley Hanson, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory M. Proctor

Name of Person

Carnahan Proctor and Cross, Inc.

Firm/Company

814 S. Military Trail

Address

Deerfield Beach, FL 33442

City/State and Zip Code

greg.proctor@carnahan-proctor.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sue Weatherman

Name of Person

at 954 972-3959 X131

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☒ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2014 JUL 30 PM 3:48  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WADLEY HANSON, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/10/2006 and assigned  
Florida document number LO6000068723.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2011 JUL 30 PM 3:48	FILED
CLERK OF CIRCUIT COURT	
STATE OF FLORIDA	
CLERK OF CIRCUIT COURT	
STATE OF FLORIDA	

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Gregory M. Proctor

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DIR	Proctor, Gregory M.	814 S. Military Trail, Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Add
		604 Courtland St., #101, Orlando, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 JUL 30 PM 3:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

---

---

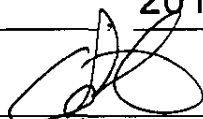
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 25 2014



Signature of a member or authorized representative of a member

**Gregory M. Proctor**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2014 JUL 30 PM 3:48  
CLERK OF STATE  
TALLAHASSEE FLORIDA