## L06000117363

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
` , ,		
(Document Number)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: FOR UC (Name of I	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
Donald 5. Bobba	<u> </u>	
Forever Florida (Firm/Company)	Onello	
321 26th Ave (Address)	<u>/</u>	
St. Petersburg (City/State and Zip Code)	FL 33704	
For further information concerning this matter, please call:		
Donald S. Bolslas at (Name of Person)	(Area Code & Daytime Telephone Number)	
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 amount:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

## 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 flability company:	W FIONELONE LIC
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 371 7/pm Ave N. St Peterbing Ft
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	321 Zeph Ave N. St Peters by 51
12/1/2006 3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Donald Si BOBGS
Registered Office Address:	371 Hotesbury Flagger
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	St. PETER BLY FL 33704
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)  (Printed or typed name of signee)  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the product of a member of the provisions of all statutes relative to the product of the provisions of the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the fimited of organization or the operating agreement of the limited of
(Signature of Registered Agent)	

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