

DEC 31 2013 12:35 PM JONES, FOSTER, 561 650-0435 NO. 29 10361
L06000119428

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561) 650-0471
Fax Number : (561) 650-0431

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC REGISTERED AGENT CHANGE
WOERNER-COLORADO, LLC**

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOERNER-COLORADO, LLC

Name of Limited Liability 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:

Larry B. Alexander, Esq.

Name of Person

Jones, Foster, Johnston & Stubbs, P.A.

Firm/Company

505 S. Flagler Drive, Suite 1100

Address

West Palm Beach, FL 33401

City/State and Zip Code

dpayton@jonesfooster.com

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

For further information concerning this matter, please call:

Dominique A. Payton, ACP at (561) 650-0427

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 liability company: Woerner-Corlorado, LLC

2. (a) Principal office address of limited liability company: 525 Okeechobee Blvd., Suite 720
West Palm Beach, FL 33401
 (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 525 Okeechobee Blvd., Suite 720
West Palm Beach, FL 33401
 (Note: **MAY BE POST OFFICE BOX**)

12/16/2008

3. Date of filing/registration in Florida

4. Document number

LO8000110428

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Joseph Panzi

Registered Office Address:

700 W. Morse Blvd., Suite 200
Winter Park, FL 32789

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Jones Foster Service, LLC

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

505 South Flagler Drive

Suite 1100

West Palm Beach, FL 33401

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
 Signature of a member or authorized representative of a member

Larry D. Alexander

LESTER J. WOERNER

Printed or typed name of signee

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 608, 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.

[Signature]
 Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00