

L07000008801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

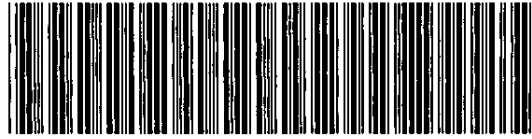
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wilson Enterprises, LLC
Name of Corporation

DOCUMENT NUMBER: L07000008801

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dan Wilson
Name of Contact Person

Wilson Enterprises, LLC
Firm/Company

P.O. Box 3329
Address

Dunnellon, FL 34430
City/State and Zip Code

dwilson@wilsonads.com
E-mail address: (to be used for future annual report notification)

19 MAY 30 PM 12:09

For further information concerning this matter, please call:

Dan Wilson at (352) 209-6415
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections ~~607.0502, 617.0502, 607.1508, or 617.1508~~, Florida Statutes, this statement of change is submitted for a ⁶⁰⁸~~corporation~~ ^{LLC} organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Wilson Enterprises, LLC

2. The principal office address: 12 Hill Prince Drive, Ocala, FL 34482

3. The mailing address (if different): P.O. Box 3329, Dunnellon, FL 34430

4. Date of incorporation/qualification: 1-22-2007 Document number: L07000008801

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Wilson Enterprises, LLC

Dan Wilson

12 Hill Prince Drive, Ocala, FL 34482

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

11928 N. Bluff Cove Path

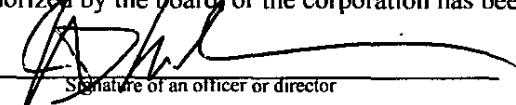
Dunnellon, FL 34434

P.O. Box NOT acceptable

12 MAY 30 PM 12:09

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Dan Wilson
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314