

L07000075659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAR 23 2018

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAR 21 AM 8:54

0009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2018

COLLEEN CODY
PO BOX 33432
INDIALANTIC, FL 32903

SUBJECT: THE WAHINE, LLC
Ref. Number: L07000075659

We have received your document for THE WAHINE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 118A00004429

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE WAHINE, 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:

COLLEEN CODY

Name of Person

THE WAHINE, LLC

Firm/Company

PO Box 33432

Address

INDIALANTIC FL 32903

City/State and Zip Code

THEWAHINE@EARTHLINK.NET

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

For further information concerning this matter, please call:

COLLEEN CODY

Name of Person

at (321) 720 6484

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

INHS18 (2/14)

PAID

REF # L 07000075659

LETTER # 118A 00064429

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: THE WAHINE, LLC

2. (a) 9A VENETIAN WAY (b) PO BOX 33432

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

INDIAN HARBOUR BEACH, FL
32937

INDIAN LANTIC, FL
32903

1.16.2018

L 67000075659

3. Date of filing/registration in Florida

4.

Document number

5. (a) GARY FRESE (FRESE WHITEHEAD)

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2200 FRONT ST, STE 301

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MELBOURNE, FL 32901

(b) COLLEEN CODY

Enter name of NEW Registered Agent and/or NEW Registered Office address:

9A VENETIAN WAY

NEW Registered Office Address:

INDIAN HARBOUR BEACH FL

, FL 32937

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

COLLEEN CODY

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 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.

[Signature]
Signature of Registered Agent

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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