L07000019071

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COVER LETTER

W&S LLC SUBJECT:		
	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 r	natter to the following:	
Yadira Pereiro		
Name of Person		
John G. Vega PA		
Firm/Company	·····	
501 Goodlette Rd N., #D306		
Address		
Naples, Fl 34102		
City/State and Zip Code		
vegaoffice@gate.net		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, plo	ase call:	
Yadira Pereiro	239 659-3251 at ()	
Name of Person	Area Code & Daytime Telep	phone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, S Tallahassee, FL 32303	
Enclosed is a check for the following an	ount:	
S25 Filing Fee	(2) \$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 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.

L. Na	ame of the limited liability company: W&S LLC	••		
2. (a)			(b)	
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	08/01/2007		L07000079	
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Acme Agent Florida LLC Registered Agent and Registered Office shown on the re	cords of the Flor	ida Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 9132 Strada Place - 3rd Floor			— 281 Tř
	Naples	, FL34108		FILL F
(b)	John G. Vega, PA Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	gistered Office	address:	FILED 2023 MAY -8 PM 2: 03 TÄLLAHASSEE. FLORID
	NEW Registered Office Address:			
	501 Goodlette Rd. N., #D306			_
	Naples	FL		_
change agenty was/wa	imited liability company is not organized under or changes are made, the Florida street address will-be identical. Or, in the case of a Florida lin ere authorized by an affirmative vote of the mer cles of organization or the operating-agreement	s of the regist nited liability mbers of the l	ered office a company, it imited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
			ohn G. Vega∕a	ttorney for Donald N. Smith
_	ture of a member of a membe			Printed or typed name of signee
provisi the obl to pic r	ly accept the appointment as registered agent of loss of all statutes relative to the proper and conjugations of my position as registered agent as polyreflect a change in the registered office added in writing of this change.	mplete perfor provided för it	mance of mi 1 Chapter 60	duties, and I am familiar with and accept. S. F.S. Or, if this document is being filed.
Signatu	ie of/Registered Agent			
C. Bilanti		B / B / 24		F1 22214
	/ Division of Corporations FIL) P.O. Box 63 JNG FEE: \$		assee, FL 32314