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| PICK-UP | ☐ WAIT | MAIL | | |
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| (Business Entity Name) | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECHETARY OF STATE

JUN II AMII

M. Thomas IIII . .

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|---|--|--|--|
| SUBJECT: Witan Walczak, U.C. (Name of Limited Liability | y 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: | | | | |
| Stephanie W. Walczak (Name of Person) | 08 JU | | | |
| Witan Walczak, U.C. (Firm/Company) | FILED 08 JUN 11 AM 11: 29 SECHETARY OF STATE SALLAHASSEE. FLORID | | | |
| P.O. Box 31809 (Address) | STATE LORDA | | | |
| Palm Beach Gardens, FL 334 (City/State and Zip Code) | 120 | | | |
| For further information concerning this matter, please call: | | | | |
| Stephanie W. Walczakat (561) (Name of Person) (Area Code | 315-0784 & Daytime Telephone Number) | | | |
| Registration Section Registrat | NG ADDRESS: ion Section of Corporations | | | |

\$25 Filing Fee

2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

Clifton Building

☐ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

P.O. Box 6327

INHS18 (5/08)

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.

| • • • • | The state of a torrain. | | |
|----------------------------------|--|---|--|
| 1. | Name of the limited liability company: Witax | Walczak, UC | |
| 2. | (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) | Palm Beach Gardens, FL 33410 | |
| | (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 450 Alton Rd. #804 Higmi Beach, FC 33139 | |
| | | | |
| | 8/29/07 | G0134490031 | |
| 3. | Date of filing/registration in Florida | 4. Document number 107 00088812 | |
| 5. | . (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | |
| | Registered Agent: | Stephanie Walcock | |
| | Registered Office Address: | Palm Brach Garagens FUT | |
| | | E G | |
| | (b) Enter name of NEW Registered Agent and/or N | NEW Registered Office address: | |
| | NEW Registered Agent: | Stephanie Walste | |
| | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 4225 East Main Street Tupiter FL 33458 | |
| tha off her lial lim | nited hability company. | he laws of the State of Florida, it is hereby confirmed treet address of the registered office and the business e case of a Florida limited liability company, it is ed by an affirmative vote of the members of the limited es of organization or the operating agreement of the | |
| (Sig | gnature of a member or authorized representative of a member) | | |

(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 of Registered Agent)