108000002949

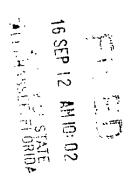
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
☐ PICK-UP ☐ WAIT ☐ MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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07/28/16--01014--029 **35.00



SEP 16 2016 N. CAUSSEAUX

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Wegelius Luternational 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:					
Heidi McFarlaue Name of Person					
Wegelius International LLC Firm/Company					
9311 West Summe Blad Address					
Plantation FC 33322 City/State and Zip Code					
Wegelinsint Quail · com Email address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Heidi McFadaue at (954) 557-9555 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					

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2016

HEIDI-MARIA MCFARLANE WEGELIUS INTERNATIONAL, LLC 9311 WEST SUNRISE BLVD. PLANTATION, FL 33322

SUBJECT: WEGELIUS INTERNATIONAL, LLC.

Ref. Number: L08000002949

We have received your document for WEGELIUS INTERNATIONAL, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Letter Number: 216A00016099

Nanette Causseaux Regulatory Specialist II Supervisor

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. Na	ame of the limited liability company: Wegeling	Interv	national LCC
2. (a)	9311 West Sunse Blud Plantation Fimile		Same as principal address
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	OI / O8 / 2008 Date of filing/registration in Florida 4.		08 00000 29 49 Document number
5. (a)	11- 2022 11 1127 31 1-		
J. (4)	Registered Agent and Registered Office shown on the records of the Flor	ida Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET ADDRE	(2.2.)	_
		<u>.</u>	_ 50 7
	Plantation ,FL 3	3324	SED 15
41.5	Ham-MARIA K- MCFARLANE	•	SSATE AND
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	address:	THE STATE OF THE S
	9311 West Sunne Bird		02 ORIDA
	NEW Registered Office Address:		
	Plantation, FL 3	3322	- -
the cha agent v was/we	imited liability company is not organized under the laws of tange or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability ere authorized by an affirmative vote of the members of the lices of organization or the operating agreement of the limite	gistered offi company, it imited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	D. betobere	HE101-	Printed or typed name of signer
	ture of a member or authorized representative of a member		Trined or typed hame or signed
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agree to a jons of all statutes relative to the proper and complete perfolligations of my position as registered agent as provided for it ely reflect a change in the registered office address, I hereby d in writing of this change.	act in this ca mance of m n Chapter 60 confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent