

L080000007018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

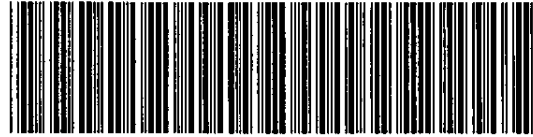
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER  
SEP 20 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** New Wave Depo 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:

Jan Correggio

Name of Person

New Wave Depo LLC

Firm/Company

1489 W. Palmetto Park Road Ste. 494

Address

Boca Raton, FL 33486

City/State and Zip Code

jan@newwavedepo.com

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

For further information concerning this matter, please call:

Jan Correggio

Name of Person

at ( 561 )

483-2111

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

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**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.*

1. Name of the limited liability company: New Wave Depo LLC
2. (a) Principal office address of limited liability company: 4400 N. Federal Hwy., Ste. 210-19

**(Note: MUST BE STREET ADDRESS)**

Boca Raton, FL 33431

- (b) Mailing address of limited liability company:

**(Note: MAY BE POST OFFICE BOX)**

7050 W. PALMETTO PARK RD #15-146  
BOCA RATON, FL 33433

1/22/2008

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3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Jan Correggio

Registered Office Address:

22233 Martella Ave  
Boca Raton, FL 33486

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW Registered Agent:**

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

1489 W. Palmetto Park Road  
Ste. 494

Boca Raton, FL 33486

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.

Jan Correggio  
Signature of a member or authorized representative of a member

Jan Correggio

Printed or typed name of signer

*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.*

Jan Correggio  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**