LD8000053705

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EXAMINER



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SECRETARY OF SHALE DIVISION OF CORFORATIONS

· COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Webnetosphere LLC (Name	e 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	ng this matter to the following:	
Nicholas Williams		
(Name of Person)		
Webnetosphere LLC (Firm/Company)		
203-C NE Sunshine St.		
(Address)		
Oak Grove, MO 64075	·	
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
Nicholas Williams	at (850) 517-7163	
(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 follow	ing amount:	
☑ \$25 Filing Fee	☐ \$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 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 l	imited liability company: Webnet	osphere LLC			
2. (a) Principal (Note: A	office address of limited liability cor MUST BE STREET ADDRESS)	npany: 700 N. PALM BLVD Apt. B Niceville, FL 32578			
	nddress of limited liability company: MAY BE POST OFFICE BOX	PO BOX 742 Niceville, FL 32588			
05/30/2008		L08000053705			
3. Date of filing	/registration in Florida	4. Document number	O NIG		
5. (a) Registere	ed Agent and Registered Office show	n on the records of the Florida Dept.	of State:		
Registere	ed Agent:	Nicholas Williams			
Registered Office Address:		P STE			
		700 N. PALM BLVD B	<u>ن</u> در		
•		Niceville, FL 32578			
•	ne of NEW Registered Agent and/o				
<u>NEW</u> Re	gistered Agent:	Robert Williams	· · · · · · · · · · · · · · · · · · ·		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)					
that after the cha office of the regi hereby confirme liability compan limited liability	inge or changes are made, the Florida stered agent will be identical. Or, in d that the change(s) was/were author y or as otherwise provided in the arti-	r the laws of the State of Florida, it is a street address of the registered office the case of a Florida limited liability ized by an affirmative vote of the mercles of organization or the operating a	e and the business company, it is mbers of the limited		
Nicholas Williams (Printed or typed nam	~ ,	and the first terms of the second terms.			
I hereby accept comply with the am familiar with F.S. Or, if this a confirm that the	the appointment as registered agent provisions of all statutes relative to t and accept the obligations of my po locument is being filed to merely refl limited hability company has been n	and agree to act in this capacity. I fu he proper and complete performance sition as registered agent as provided ect a change in the registered office a otified in writing of this change.	orther agree to of my duties, and I I for in Chapter 608, address, I hereby		

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