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(Requestor's Name)				
(Address)				
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(Business Entity Name)				
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## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	WAM Technologies, LLC			
Name of Limited Liability Company				
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Offi	ice Change an	d fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the	e following:	
Doug	las A. Meldrum			
	Name of Person		<del></del>	
Doug	ılas A. Meldrum, Esq.			
	Firm/Company		<del></del> -	
7711	Eden Ridge Way			
	Address		<del></del>	
West	Palm Beach, FL 33412			
	City/State and Zip Code		<del></del>	
doug	lasmel@msn.com			
Ī	E-mail address: (to be used for future ann	iual report not	ification) .	
For fu	rther information concerning this matter,	, please call:		
Doug	glas Meldrum	732	552-5663	
	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	R C P	MAILING ADDRESS: Registration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314	
Enclosed is a check for the following amount:				
	□ \$25 Filing Fee	<b>2</b>	\$55 Filing Fee & Certified Copy	
INHSI	8 (2/14)			

## 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	me of the limited liability company: WAM Technol	ologies, LLC
2. (a)	7711 Eden Ridge Way	(b) 7711 Eden Ridge Way
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	West Palm Beach, FL 33412	West Palm Beach, FL 33412
3. 5. (a)	Date of filing/registration in Florida  Registered Agent Solution Registered Agent Agent Solution	LO8000101475  4. Document number  the Florida Dept. of State:
	155 Office Plaza Dr. Suite Registered Office Address (MUST BE FLORIDA STREET A.	
(b)	Talahase, FL  Dougla A. Meldrum  Enter name of NEW Registered Agent and/or NEW Registered (	
	7711 Eden Ridge Way  NEW Registered Office Address:	
	West Palm Beach ,FL	33412
agent was/we	nge or changes are made, the Florida street address of tell be identical. Or, in the case of a Florida limited lial	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.  Mark Heck
Signat	ure of a member or authorized representative of a member	Printed or typed name of signee
the obli to mere	vaccept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signatur	e of Registered Agent	