## LUF000 117816

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

Office Use Only



700280112067

12/17/15--01019--014 \*\*25.00



DEC 18 2015 J SHIVERS

## **COVER LETTER**

TO:	Registration Section Division of Corporations								
SUBJE	LWT SPECIALTY TIRE LLC								
30031	Name of Limited Liability Company								
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Offic	ee Change an	d fec(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:									
JORE	DAN TYLER								
	Name of Person	· · · · · · · · · · · · · · · · · · ·							
LEGA	ALINC CORPORATE SERVICES I	NC.							
	Firm/Company								
1623	CENTRAL AVE, SUITE 145								
	Address								
CHE	YENNE, WY 82001								
	City/State and Zip Code		<del></del>						
JORE	DAN@LEGALINC.COM								
Е	-mail address: (to be used for future annu	ial report not	ification)						
For fur	ther information concerning this matter,	please call:							
JORE	OAN TYLER	970 at (	581-6156						
	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 D P	MAILING ADDRESS: Registration Section Division of Corporations O. Box 6327 Callahassee, Florida 32314						
	Enclosed is a check for the following amount:								
	<b>2</b> \$25 Filing Fec		\$55 Filing Fee & Certified Copy						

INHS18 (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	ame of the limited liability company:	LWT SPECIAL	TY TII	RELLC				
				_ (b					
		Principal office address of limited liab		_ ,	М	failing address of limi			
		137 PATRICK MILL CIRCLE			137 PAT	RICK MILL CIF	RCLE		
		PONTE VEDRA BEACH, FL 3	2082	<del></del>	PONTE \	VEDRA BEACI	H, FL 32	2082	
		12/30/2008			L0800011	7816			
3.		Date of filing/registration in	Florida	4.	]	Document numbe	r		
5.	(a)	USA-RA LLC							
υ.	(4)	Registered Agent and Registered Office shows 841 PRUDENTIAL DRIVE				:			
		Registered Office Address (MUST BE FL	ORIDA STREET A	DDRESS.	<u> </u>				
		12TH FLOOR					<del></del>		
		JACKSONVILLE	, FL	32207			SECH ALLA	15 C	
(b)		LEGALINC CORPORATE SERVICES INC.				CRETARY OF STATE LAHASSEE, FLORID,	DEC 1		
	` ,	Enter name of NEW Registered Agent and/o	r NEW Registered (	Office add	lress:		333	7 /	Private Control
		5237 SUMMERLIN COMMONS				JF SI .FLO	AM 8:		
		NEW Registered Office Address:					AT RID	97	4.00
		SUITE 400						·	
		FORT MYERS	, FL	33907					
the ag wa the	ent v ent v is/we arti	imited liability company is not organizing or changes are made, the Florida still be identical. Or, in the case of a Fire authorized by an affirmative vote or cless of organization or the operating a	ed under the law street address of t lorida limited lial f the members of greement of the l	s of the he regis bility co `the lim imited l	tered office mpany, it is ited liability ability comp EPHEN SE	and the business hereby confirmed company or as of pany. EARS	office of I that the therwise	the reg chang provide	gistered e(s)
I i pro the to no	herei ovisi e obl mere tified	turd of a member of authorized representative of by accept the appointment as registere ons of all statutes relative to the properties of my position as registered a live reflect alchange in the registered of the writing of this change.  The disciplination of the change of the gistered Agent	d want and vare	ee to act performa for in C ereby ca	in this cana	Printed or typed nam ncity. I further ag luties, and I am fa F.S. Or, if this a he limited liability	ree to co	anly u	ith the accept g filed been

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