LOSCITEILO

(Re	questor's Name)	- -
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300321541523

12/12/18--01008--003 **35.00

RA ROCAS

DEC 2.7 2018

I ALBRITTON

COVER LETTER

TO:	Division of Corporations Division of Corporations		
SUBJ	ECT: LWT_	SPLCTAUTY TERE, LLC	
		Name of Limited Liability Company	
Dear S	ir or Madam:		
The en	closed Registered Agent/Regi	istered Office Change and fee(s) are submitted for filing.	
Please	return all correspondence con	neerning this matter to the following:	
	STEPHEN SE		
	Name of Pe	rson	
	WT SPECIALTY Firm/Compa		
	137 torrezcu Mzu Address	1 CRRUE	
	Addiess		
	PONTE VENEA B	Exed L 3208Z Cip Code	
	► ► ► ► ► ► ► ► ► ► ► C	future annual report notification)	
For fu	rther information concerning t	his matter, please call:	
	STEPHEN SEADS	at (404) 591-4084	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADD		
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle	e Tallahassee, Florida 32314	
	Tallahassee, Florida 32301		
	Enclosed is a check for the	following amount:	
	\$25 Filing Fee	□ \$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.

<u>30x</u>) <u>32.082</u>
FILED # 4:02
3 11
アー
,,,
at after
registered ange(s)
vided in
1.4 .4
y with the and accept being filed as been
_