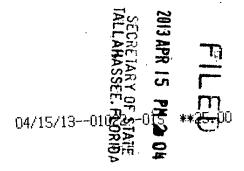
L090000024625

, (Re	equestor's Name)			
• (110	iquestor o rearrie)			
(Ad	Idress)			
(
(Ac	ldress)			
(Cit	ty/State/Zip/Phone #)	<u></u>		
PICK-UP	WAIT	MAIL		
(Bü	isiness Entity Name)			
(Do	ocument Number)			
Certified Copies	Certificates of	Status		
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				
APR 1 9 2013				
	A. LUNT			
 				

Office Use Only



800246188218



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Angela Wagner, 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:

Angela Wagner

Name of Person

Angela Wagner, LLC

Firm/Company

13207 La Sabina Dr

Address

Delray Beach, FL 33446

City/State and Zip Code

drangelawagner@gmail.com

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

For further information concerning this matter, please call:

Angela Wagner

_{at (}561

271-3799

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 following amount:

■ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

ר ר

INHS18 (5/08)

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. Na	me of the limited liability company: Angela Wagner, L	ıc		
2 - (-)	Dain ain 1 - 65 and dance of Nanier d Diskiller and an	12207 La Cabina De		
2. (a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	Deiray Beach, FL 33446		
	(Note: MUST BE STREET ADDRESS)	50.00, 50.501, 12.501, 13		
~				
(b)	Mailing address of limited liability company:	13207 La Sabina Dr.		
	(Note: MAY BE POST OFFICE BOX)	Delray Beach, FL 33446		
3/12/20	109	L09000024625		
		4. Document number	· · · · · · · · · · · · · · · · · · ·	
3. Da	ate of filing/registration in Florida	4. Document number	- 2	-
5 (0	Designated Agent and Designated Office shows a	- the records of the Florida		
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida	The properties of the properti	77
	Registered Agent:	Angela Wagner	APR) : 1
	Registered Agent.		SS 55	
	Registered Office Address:	5131 Heron Ct	東台	
		Coconut Creek FL 33073	77 7	
			SC N	
			RA S	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>			
	NEW Registered Agent:	Angela Wagner		
	NEW Registered Office Address:	13207 La Sabina Dr		
	(MUST BE FLORIDA STREET ADDRESS)	Delray Beach		
			,FL <u>3344</u> 6	
confinand the liabilithe m	limited liability company is not organized under the med that after the change or changes are made, the ne business office of the registered agent will be ide ity company, it is hereby confirmed that the change embers of the limited liability company or as other perating agreement of the limited liability company.	Florida street address of the ntical. Or, in the case of a (s) was/were authorized by wise provided in the article	ne registered office Florida limited an affirmative vot	e of
Printed	Wagner, member I or typed name of signee			
I here comp and I Chap addre	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the part am familiar with and accept the obligations of my ter 608, F.S. Or, if this document is being filed to means, I hereby confirm that the limited liability compa	l agree to act in this capac proper and complete perfor position as registered agen nerely reflect a change in t uny has been notified in wr	ity. I further agree rmance of my dutie it as provided for it the registered offic iting of this change	e to es, n e e.
Sionan	ure of Registered Agent			

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