

L09000112037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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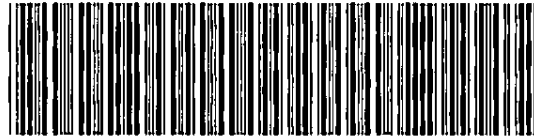
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Top Well, LLC
Name of Corporation

DOCUMENT NUMBER: L09000112037

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

D. Scott McPherson

Name of Contact Person

McPherson & Associates, LLC

Firm/Company

582 Thompson Rd.

Address

Sparta, GA 31087

City/State and Zip Code

georgialegalclinic@yahoo.com

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

For further information concerning this matter, please call:

D. Scott McPherson

Name of Contact Person

at (770)

313-5131

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. Name of the limited liability company: Top Well, LLC

2. (a) Top Well, LLC

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

711 Forest Club Dr.

Wellington, FL 33414

(b) Top Well, LLC

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

152 W. 57th St. 12th Floor

New Your, NY 10019

11-20-2009

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3. Top Well, LLC
Date of filing/registration in Florida

4. L09000112037
Document number

5. (a) Top Well, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

John T. Slattery

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

711 Forest Club Dr.

Wellington, FL 33414

(b) Top Well, LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

David R. Topping

NEW Registered Office Address:

10 Edgewater Dr. #12-A

Coral Gables, FL 33133

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

David R. Topping
Signature of a member or authorized representative of a member

David R. Topping

Printed or typed name of signer

David R. Topping
Signature of Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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