09000113501

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

Office Use Only



900187076399

10/29/10--01019--008 **25.00

COVER LETTER

Division of Corporations		
SUBJECT: WSB Grov. Name of Li	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filin	ıg.
Please return all correspondence concerning t	his matter to the following:	
Fred Winkel. Name of Person		
WSB Group LLC Firm/Company	SECTE AH	7010 OCT 29
128 Explored Address		Fr. 12
Polm Beac C. Coordens F. City/State and Zip Code	C 33 YIB	PH 12: 38
Fredwinkele WSBGr E-mail address: (to be used for future annual report no	tification)	
For further information concerning this matter	r, please call:	
Fred Winked Name of Person	at (<u>56/</u>) <u>252-/788</u> 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	g amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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. Name of the limited liability company: USB	inup, LC	
2. (a) Principal office address of limited liability company		
(Note: MUST BE STREET ADDRESS)	Palm Beal Gardens. FL. 33418	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
319 2010 or 12/109 3. Date of filing/registration in Florida	L09000 H350 27-13916 22 4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	The Company Corporation	
Registered Office Address:	2711 Cardenile Rd Willmington, DE 19808	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent: NEW Registered Office Address:	128 Eagleston Cot	
(MUST BE FLORIDA STREET ADDRESS)	Palm Pasal Coordinate FL 33419	
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. Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. Thurteer 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 608, 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. Signature of Registered Agent		

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