

L100000002301

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

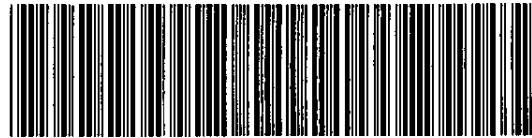
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100214349061

11/21/11--01043--017 \*\*25.00

FILED  
2011 NOV 21 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

NOV 22 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WDF PARTIES 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:

ANGELO D'AMBRA  
Name of Person

Firm/Company

1000 QUAYSIDE TER #409  
Address

MIAMI, FL 33138  
City/State and Zip Code

ANGELO D'AMBRA @ YAHOO.IT  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELO D'AMBRA at ( 305 ) 409 4818 9-5 PM  
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

FILED  
2011 NOV 21 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: WDF PARTIES LLC <sup>th</sup> 12355 NE 13 AVE #105  
2. (a) Principal office address of limited liability company: 1000 QUAYSIDE TER #409

(Note: MUST BE STREET ADDRESS)

MIAMI FL 33138 33161

- (b) Mailing address of limited liability company:

1000 QUAYSIDE TER #409

(Note: MAY BE POST OFFICE BOX)

MIAMI FL 33138

11/7/2010

L10000002301

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

SALOMON AA2DAY JR P.A.

Registered Office Address:

9100 So. DADELAND BLVD  
SUITE 1010  
MIAMI FL 33156

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

ANGELO D'AMBRA

NEW Registered Office Address:

1000 QUAYSIDE TER #409

(MUST BE FLORIDA STREET ADDRESS)

MIAMI FL 33138

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.

APD  
Signature of a member or authorized representative of a member

ANGELO D'AMBRA  
Printed or typed name of signee

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 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.

APD  
Signature of Registered Agent

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

FILE  
2011 NOV 21 AM  
SECRETARY OF  
TALLAHASSEE, FL