L10000032404

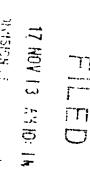
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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10/13/17--01025--003 **25.00



NOV 1 5 2017



October 16, 2017

LEWIS WBBER 2203 HAMILTON ST JACKSONVILLE, FL 32210

SUBJECT: WEBBPOWER NETWORKS, LLC.

Ref. Number: L10000032404

We have received your document for WEBBPOWER NETWORKS, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list current registerd agent as shown in our records in section (a) of application according to printout attached. List new registered agent information in section (b) and then sign last line of application. (new registered agent)

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 517A00020851

Octavia L Simmons Regulatory Specialist II

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divisio	on of Corporations					
V SUBJECT: _	Webbpower Networks, LLC					
_	Name of Limited Liability Company					
Dear Sir or Ma	ıdam:					
The enclosed F	Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please return a	Il correspondence concerning th	is matter to the	following:			
Lewis Webb	ег					
	Name of Person					
Webbpower	Newtworks, LLC					
	Firm/Company		_			
2203 Hamilt	on Street					
	Address					
Jacksonville	, Florida 32210					
	City/State and Zip Code		_ _			
webbpoweri	fc@gmail.com					
E-mail ac	ddress: (to be used for future ann	ual report notif	īcation)			
For further inf	ormation concerning this matter,	please call:				
Lewis Webb	er	904 at (654-6800			
	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		Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314			
Enclo	sed 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 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. Na	ame of the limited liability company: Webbpower N	1etwor	ks. LLC		· 		
2. (a)	54 Jackson Avenue	((b) 54 Jackson Avenue				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		iability company: OFFICE BOX)			
	Ponte Vedra Beach, Florida 32082	_	Ponte Ve	/edra Beach, Florida 32082			
	2010	_	L1000003	2404			
3.	Date of filing/registration in Florida	- 4.		Document number			
5. (a)	Walter D Powers						
(,	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of State	:			
	54 Jackson Avenue						
	Registered Office Address	<u>ADDRES</u>	<u>S)</u>				
	Ponte Vedra Beach FL	32082		<u>.</u>	17		
(b)	Lewis Webber			3. 7. 7. 7. 7.	17 HOV 13		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			·	· 🕶 🚶		
	2203 Hamilton Street						
	NEW Registered Office Address:						
	Jacksonville	32210					
he cha igent v	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of	ws of the the reg	e State of Flo istered office ompany, it is	and the business offic hereby confirmed that	ce of the registered at the change(s)		
he arr	icles of organization or the operating agreement of the	limited مص	liability com	Printed or typed name of	tower		
provisi the obi to mer	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered affice address, I din writing of this change.	ree to ac perforn d for in herchy o	et in this capa vance of my t Chapter 605, confirm that t	icity. I further agree , laties, and I am famili , F.S. Or, if this docu the limited liability co	to comply with the iar with and accept ment is being filed mpany has been		