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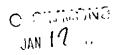
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| Special Instructions to Filing Officer:  |  |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

| TO:   | Registration Section Division of Corporations  |   |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|
| •<br>SUBJ                                     | ECT: LWN, LLC  |   |  |  |  |  |  |  |
|   | Name of Limited Liability Company  |   |  |  |  |  |  |  |
| Dear :  | Sir or Madam:  |   |  |  |  |  |  |  |
| The e   | nclosed Registered Agent/Registered Off  | fice Change and fec(s) are submitted for filing.  |  |  |  |  |  |  |
| Please  | e return all correspondence concerning th  | nis matter to the following:  |  |  |  |  |  |  |
| Arthi   | ur J. Lee, MGRM  |   |  |  |  |  |  |  |
|   | Name of Person   |   |  |  |  |  |  |  |
| Lee '   | Wesley Group, LLC  |   |  |  |  |  |  |  |
|   | Firm/Company   | <del></del>   |  |  |  |  |  |  |
| Post  | Office Box 540687  |   |  |  |  |  |  |  |
|   | Address  |   |  |  |  |  |  |  |
| Orlai   | ndo, FL 32854  |   |  |  |  |  |  |  |
|   | City/State and Zip Code  |   |  |  |  |  |  |  |
| bran  | don.lee@leewesley.com  |   |  |  |  |  |  |  |
|   | E-mail address: (to be used for future and   | nual report notification)   |  |  |  |  |  |  |
| For fu  | orther information concerning this matter  | , please call:  |  |  |  |  |  |  |
| Brandon W. Lee                                |  | 407 428-9559  |  |  |  |  |  |  |
|   | 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  |  |  |  |  |  |  |

INHS18 (2/14)

## 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. N                                  | ame of the limited liability company: LWN, LLC  |  |   |   |  |
|---------------------------------------|---|--|---|---|--|
| 2. (a)                                | 1030 N. Orange Avenue   |  | (b) Post Office Box 540687                          |   |  |
| Z. (u)                                | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | <del></del>                            | ` /   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |  |
|                                       | Suite 104   |  | Orlando   | , FL 32854  |  |
|                                       | Orlando, FL 32801   | <del>-</del>                           |   |   |  |
|                                       | 07/27/2010  |  | L1000007  | 79159   |  |
| 3.                                    | Date of filing/registration in Florida  | 4.                                     |   | Document number   |  |
| 5. (a)                                | Hatcher, Stephen BESQ.  |  |   |   |  |
| . ()                                  | Registered Agent and Registered Office shown on the records of t  | -<br>e:                                |   |   |  |
| ,                                     | 315 E. Robinson Street  |  |   |   |  |
|                                       | Registered Office Address (MUST BE FLORIDA STREET A   | DDRE                                   | SS)   | 9   |  |
|                                       | Orlando   | 3280                                   | 1   | -<br>-<br>-   |  |
|                                       | FL_   |  | ·   |   |  |
| (L)                                   | Marcia S. Babione, CPA  |  |   |   |  |
| (b)                                   | Enter name of NEW Registered Agent and/or NEW Registered Office address:  |  |   | - 5   |  |
|                                       |   |  |   | 5   |  |
|                                       | Babione Keuhler & Co  |  |   | _   |  |
|                                       | NEW Registered Office Address:  |  |   |   |  |
|                                       | 4060 Edgewater Drive  |  |   | _   |  |
|                                       | Orlando   | 3280                                   | 4   | _   |  |
| the chagent was/w                     | limited liability company is not organized under the law 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 the operating agreement of the authorized representative of a member | the re<br>ibility<br>f the l<br>limite | gistered office<br>company, it i<br>imited liabilit | e and the business office of the registered<br>s hereby confirmed that the change(s)<br>y company or as otherwise provided in<br>npany. |  |
| _                                     | / /   | ee to c                                | act in this can                                     | · · · · · · · · · · · · · · · · · · ·   |  |
| provis<br>the ob<br>to mer<br>notifie | by accept the appointment as registered agent and agre<br>ions of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provided<br>ely reflect a change in the registered office address. I he<br>d in writing of this change.                             | perfor<br>I for it<br>tereby           | mance of my<br>Chapter 605<br>confirm that          | duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been            |  |

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

Signature of Registered Agent