# L10000083263

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

#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Waffy's Caroup, LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for fi	ling			
Please return all correspondence concerning this matter to the following:				
Name of Person	SECRET	2013 APR		
Washing Crock LCC SS	ロカイン	30		
Westy's Grove, LLC Firm/Company  1375 SW 12 M  Address	F STATE	2013 APR 30 PM 125 00		
Pamparo Beach, FL 33069 City/State and Zip Code				
Ruy Stell borg waffy S-6000 E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Krystel Borg at (954) 740 9683  Name of Person () Area Code & Daytime Telephone Num	 ber			

### 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

## 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: Waff	e's Group, UC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	eny: 1375 SW 12th ove Pompers Beach, FL 33069
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1375 SW12th ave Compano Beach, FL 33069
08/09/20\0 3. Date of filing/registration in Florida	<u>L1000083263</u> 4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	SRJPL Law
Registered Office Address:	6303 Blue Francon Drive
(b) Enter name of NEW Registered Agent and/or N	m ×
NEW Registered Agent:	Krystel Borgs
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Pompero Beach FL 33069
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	ne laws of the State of Florida, it is hereby e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any 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