



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000210358 3)))



H150002103583ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP -1 A 8:49

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Documents@incorp.com

RECEIVED

15 SEP -1 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
WEIMARZ, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SEP 02 2015
L. BRUCE

H150002103583

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Welmarz, 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:

Jackie DeFilippis

Name of Person

InCorp Services, Inc.

Firm/Company

2380 Corporate Circle - Suite 400

Address

Henderson, NV 89074-7739

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

2015 SEP - 1 A 8 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Jackie DeFilippis for InCorp Services, Inc. at (800) 246-2677

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)

H150002103583

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. Name of the limited liability company: Weimarz, LLC

2. (a) 49 Richmondville Ave

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Suite 300

Westport, CT 06880

(b) 49 Richmondville Ave

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Suite 300

Westport, CT 06880

10/04/2010

3. Date of filing/registration in Florida

L10000103889

4. Document number

5. (a) A.C.E., INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8130 Glades Road #352

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Boca Raton

FL

33434

(b) InCorp Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

17888 67th Court North

NEW Registered Office Address:

Loxahatchee

FL

33470

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.

Signature of a member or authorized representative of a member

Kenyon Weiss

Printed or typed name of signor

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 605, 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

on behalf of InCorp Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

4150002103583

FILED
2015 SEP -1 A 8:49
TALLAHASSEE, FLORIDA
SECRETARY OF STATE