## L10000111599

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ALLAHASSEE, FLORIDA

AUG 2 5 2018 S. YOUNG

## COVER LETTER

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INHS18 (2/14)

TO: Registration Section Division of Corporations			
SUBJECT: WPRESS A	Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.		
Please return all correspondence of	concerning this matter to the following:		
Name of Strong P. THORY Name of Strong Printy Con	Person  PES LLC		
POBON 855 Address		18 AUG	
bon ITA SPUNGS City/State and	R 34133	2	FILED
LPTHORNTON & DRANG E-mail address: (to be used f	for future annual report notification)	PH '4: 53	
For further information concerning	g this matter, please call:		
Knussery f. Totalen Name of Person	at (239 ) 576 4088  Area Code & Daytime Telephone Number		
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for t	he following amount:		
S25 Filing Fee	S55 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	me of the limited liability company: WPIUS A	SSOCI	MES I	uc	
2 (a)	14710 TAMIAMI TRAIL	(h	) P0	BDX 355	
()	Principal office address of limited liability company:	\~	·/	Mailing address of lir	mited liability company:
	(Note: MUST BE STREET ADDRESS)		•	(Note: MAY BE P	POST OFFICE BOX)
	NAPLES A 34110	_	_bon's	MA SPRINGS	E 34133
		_			
	10/26/10		1_10001	111599	
3.	Date of filing/registration in Florida	4.	<u> </u>	Document numb	oer
5. (a)	STEPHEN & LOWITZ				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of S	 State:	
	1715 MANDE STLEET		·		≨% <del>6</del>
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<del></del>	<del></del>	AUG AUG
	-		•		ASSAIL TIL
					1LED 21 PM ASSEE, F
	Fr. MYERS.	<u>33 9</u>	102		PR '4:
					95 <b>f</b>
(b)	<del></del>			_	53 10€
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	aress:		
	1715 MONROE STREET				
	NEW Registered Office Address:				
			· <u>-</u>	<del></del>	
	FT. MYERS .FL	35a	0.1		
		_339	1 1		
If the li	mited liability company is not organized under the lay	vs of the	State of	Florida, it is hereby	confirmed that after
agent w	nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia	the regis ability co	stered off Impany, i	tice and the business it is hereby confirma-	s office of the registered and that the change(s)
was/we	re authorized by an affirmative vote of the members of	of the lim	ited liabi	ility company or as o	otherwise provided in
	cles of organization or the operating agreement of the	$\circ$	-		
Signal	ure of a member or authorized representative of a member	For	auro	Printed or typed nar	me of siener
1 herek	w accent the appointment as registered agent and agr	ee to act	in this c	anacity I further a	aree to comply with the
provision the obli	ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I i	performe d for in C	ance of n Thanter 6	iv duties, and I am J	amiliar with and accept document is being filed
to mere	ly reflect a change in the registered office address, I he was the change of this change this change.	hereby co	infirm th	at the limited liabili	ty company has been
Signatur	of Registered Agent				