

111000021769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

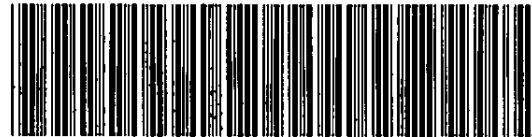
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/06/16--01033--019 **35.00

16 JUN 18 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/19/2013
S. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AW PROCESS 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:

ANDREW WOODFORD

Name of Person

AW PROCESS LLC

Firm/Company

2551 Crews Lake Hills Loop

Address

Lakeland FL 33813

City/State and Zip Code

andy@awprocess.com

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

For further information concerning this matter, please call:

Andy Woodford at (941) 807 1448

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2016

ANDREW WOODFORD
2551 CREWS LAKE HILLS LOOP S
LAKELAND, FL 33813

SUBJECT: AW PROCESS LLC
Ref. Number: L11000021769

2016 JUL 18 PM 4:23
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE
REGISTRATION UNIT

We have received your document for AW PROCESS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris
Regulatory Specialist II

Letter Number: 116A00012552

16 JUL 18 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE
REGISTRATION UNIT

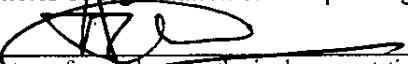
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

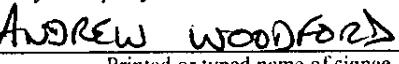
Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	<u>AW Process LLC</u>		
2. (a) Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	(b) Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>		
<u>2551 Crews Lake Hills Loops Lakeland, FL 33813</u>	<u>2161 E County Rd 540a STE 224 Lakeland, FL 33813</u>		
3. Date of filing/registration in Florida	4. Document number		
<u>2/23/2011</u>	<u>41000021769</u>		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	<u>ANDREW WOODFORD</u>		
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>	<u>2551 Crews LAKE HILLS Loops Lakeland FL 33813</u>		
(b) Enter name of <u>NEW</u> Registered Agent and/or <u>NEW</u> Registered Office address:	<u>2161 E County Rd 540a Suite 224 Lakeland, FL 33813</u>		
<u>NEW</u> Registered Office Address:			

16 JUL 18 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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


Printed or typed name of signee

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

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