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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
		, 
(Document Number)		
Certified Copies	_ Certificates	s of Status
	Till or Office or	
Special Instructions to	Filing Officer:	
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SECKETARY OF STATES

J. SAULSBERRY EXAMINER JUN **2** 2011

## **COVER LETTER**

Division of Corporations			
SUBJECT: JOHN E. WALL:	UT + ASSOCIATES	110	
Name of Limite	d Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for fi	iling.	
Please return all correspondence concerning this n	natter to the following:		
JOHN E. WALL III Name of Person	,		
JOHN E. WAZL III + ASS	ORIATES LLC:	2011 3ALL	,
5412 S.W.107 AU. Address	<del> </del>	I MAY 3 I	
2AKE RUTLER E  City/State and Zip Code	132054	AH 8: 04	
JOHN INSURE @ WINDLET RE E-mail address: (to be used for future annual report notification	EAM. NET		
For further information concerning this matter, ple	ease call:		
JOLN WA11  Name of Person  at (5)	386 965 478  Area Code & Daytime Telephone Numl		
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	У	

## 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: JOHN E	.WAIII +ASSOCIATES LIC
2. (a) Principal office address of limited liability compa	iny: 54125_W11074V.
(Note: MUST BE STREET ADDRESS)	LAXE BUTLER FL. 3205
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent: ASTS INC.	JOHN E. WALLET
Registered Office Address: 1330 Windi	WE412 S.W 110 7 AU.
STE. P TAMPA EL. 33612	WHE BUTLER 12. 34054
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	EW Registered Office address:
NEW Registered Agent:	JOHN E, WALL IT
NEW Registered Office Address:	5412 S.W. 107 AV.
(MUST BE FLORIDA STREET ADDRESS)	LAKE BUTLER ,FL 32054
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 ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company or the operating agreement of the limited liability company.  Fignature of a member or authorized representative of a member.  Thereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to haddress. I hereby confirm that the limited liability company.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote terwise provided in the articles of organization my.
Signature of Registered Agent	