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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing (| Officer: | | | | | |
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Office Use Only



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J. HARRIS

COVER LETTER

| TO: | _ | stration Section ion of Corporations |
|--------|----------|--|
| SUBJ | ECT: | WARFIELD ENTERPRISES LLC |
| | | Name of Limited Liability Company |
| Dear S | ir or M | fadam: |
| The en | closed | Registered Agent/Registered Office Change and fee(s) are submitted for filing. |
| Please | return | all correspondence concerning this matter to the following: |
| | | ELDON WARFIELD |
| • | | Name of Person |
| | | WARFIELD ENTERPRISES LLC |
| | | Firm/Company |
| | | 107 LAKESIDE COLONY DRIVE |
| | | Address |
| | | TARPON SPRINGS, FL 34689 |
| | | City/State and Zip Code |
| | | ELBON. W. WARFIELD@ GMAIL. COM |
| E | -mail a | address: (to be used for future annual report notification) |
| For fu | rther in | formation concerning this matter, please call: |
| E | LDO | N WARFIELD at (314) 853-8413 |
| | | Name of Person Area Code & Daytime Telephone Number |
| | | EET/COURIER ADDRESS: MAILING ADDRESS: |
| | | stration Section Registration Section |
| | | ion of Corporations Division of Corporations P.O. Box 6327 |
| | 2661 | Executive Center Circle hassee, Florida 32301 Tallahassee, Florida 32314 |
| | Encl | osed is a check for the following amount: |
| | \$2 | 5 Filing Fee & Certified Copy |
| INHS1 | 8 (2/14) | |

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.

| - - 3. 5. (a) _ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 107 LAKESIBE COLONY DRIVE TARPON SPRINGS, FL 34689 4-19-2011 Date of filing/registration in Florida EDON WALFIELD Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET ALL) | 4. e Florida Dept. o | (<u>Note</u> 107 TARPO. L 11 Docu | address of : MAYBE | Innited lia POST O | FL | npany: |
|---|---|---|---|--|--|--|--|
| 5. (a) _ | TARPON SPRINGS, FL 34689 4-19-2011 Date of filing/registration in Florida ELDON WARFIELD Registered Agent and Registered Office shown on the records of the | 4. e Florida Dept. o | レ // Docu | 00004 | 6310 | | <u>у Ргіле</u> 34689 |
| 5. (a) _ | TARPON SPRINGS, FL 34689 4-19-2011 Date of filing/registration in Florida ELDON WARFIELD Registered Agent and Registered Office shown on the records of the | 4. e Florida Dept. o | レ // Docu | 00004 | 6310 | | <u>34689</u> |
| 5. (a) _ | Date of filing/registration in Florida ELDON WARFIELD Registered Agent and Registered Office shown on the records of the | e Florida Dept. o | Docu | · · · · · · · · · · · · · · · · · · · | · · · · · | | |
| 5. (a) _ | ELDON WARFIELD Registered Office shown on the records of th | e Florida Dept. o | | iment nun | ıber | | |
| | Registered Agent and Registered Office shown on the records of th | | of State: | | | | |
| | Registered Agent and Registered Office shown on the records of th | | of State: | | | | |
| R | Registered Office Address (MUST BE FLORIDA STREET AI | | | | | | |
| Ē | | ODRESS) | | | | | |
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| | PALM HARBOR FL | 34684 | | | | . 5 JUL | : |
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| (b) | Enter name of NEW Registered Agent and/or NEW Registered C | ffice address: | | | Eff. | 3 PH | ſΠ |
| _ | | · | | | | H 5: 02 | O |
| <u>-</u> | NEW Registered Office Address: | | | | <u>Ş</u> . | 3 | |
| | 107 LAKESI'DE COLONY | DRIVE | | | | | |
| _ | SAFETY HAIZBOR, FL | 34689 | | | | | |
| the chang agent will was/were the articl | nited liability company is not organized under the law- ge or changes are made, the Florida street address of t Il be identical. Or, in the case of a Florida limited liab e authorized by an affirmative vote of the members of les of organization or the operating agreement of the li | he registered pility compan the limited li | office and to y, it is here ability com | the busine by confiring pany or a | ess office ned that | e of the the cha | registered inge(s) |
| | Mon Warfield re of a member or aphthorized representative of a member | E | DON W | JARFIE | LD | | |
| | , | | | | | | |
| provision the oblig to merely | vaccept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have a writing of this change. | e to act in this erformance of for in Chaptè ereby confirm | s capacity. If my duties er 605, F.S. that the lir | I further i, and I an Or, if thi mited liab | agree to n familia is docun ility con | comply or with a nent is b npany ho | with the and accept eing filed as been |
| Signature | Of Registered Agent / | | | | | | |