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LC Ro Charge

JUL 0 3 2014 T. CARTER

COVER LETTER

Division of Corporations	
WSK.CARUSO, LLC	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	ter to the following:
Brandon D. Beardsley	
Name of Person	
Mowrey, Shoemaker & Beardsley, P.L.	
Firm/Company	
2801 N. Third Street	
Address	
St. Augustine, FL 32084	
City/State and Zip Code	
bbeardsley@ancientcitylaw.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
Brandon D. Beardsley at (904 824-5711
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 amou	int:
■ \$25 Filing Fee	□ \$55 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	ame of the limited liability company: WSK.CAR	USO, LL	U ————			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	700 N. State Road 19		700 N. S	tate Road 19)	
	Palatka, FL 32177		Palatka,	FL 32177		
	M 1/3h 2 .		I 110000E	7256		
2	May 16th 2011 Date of filing/registration in Florida	_{4.}	L1100005	Document num	her	
3.	Brandon D. Beardsley	4.	•	Document num	(DCI	
5. (a)	Registered Agent and Registered Office shown on the records	s of the Flori	do Dent of State			
	Registered Agent and Registered Office shown on the records	s of the clott	на пері, от знас.	•		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>55)</u>			
	3940 Lewis Speedway, Suite 2103					
	St. Augustine	, FL 3208	4		→ ¬¬s	
	·	, I L				
(b)						
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Offic <u>e a</u>	ddress:		8 25	
	NEW Registered Office Address:	 			S)ATE 1810 3: 00	
	2801 N. Third Street				0 57	
	St. Augustine	, _{FL} 3208	4			
the ch agent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the member licles of organization or the operating agreement of attitude of a member or authorized representative of a member eby accept the appointment as registered agent and sions of all statutes relative to the proper and compoligations of my position as registered agent as proved the reflect a change in the registered office address.	ss of the read liability ers of the limited	gistered office company, it is mited liability I liability com	and the busines hereby confirm company or as spany. Printed or typed r	ess office of the registered med that the change(s) s otherwise provided in name of signee	
notifie	rely reflect a change in the registered affice addressed in writing of this change. ure of Registered Agent	s, I hereby	confirm that	the limited liab	ility company has been	
	Pituisian of Communications D	O Box 43	27a Tallahas	eoo El 32314		

FILING FEE: \$25.00