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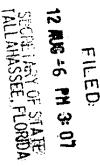
(Re	equestor's Name)	······································		
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Name of L	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning t	this matter to the following:			
DANIEL O'NEAL				
Name of Person				
WATITIS, LLC Firm/Company				
4755 TAMIAMI TRL N #105 Address	estas de			
NAPLES, FL 34103 City/State and Zip Code				
ADMIN@LAENO.COM E-mail address: (to be used for future annual report no	otification)			
For further information concerning this matter	er, please call:			
DAN O'NEAL	at () PLEASE EMAIL			
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			

INHS18 (5/08)

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:	WATITIS, LLC
2.	(a) Principal office address of limited liability compan	y: 4755 TAMIAMI TRL N #105
	(Note: MUST BE STREET ADDRESS)	
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4755 TAMIAMI REN 205
	06/07/2011	L11000066458
3.	Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Depter State:		
	Registered Agent:	DANIEL L. O'NEAL
	Registered Office Address:	242 S WASHINGTON BLVD #104 SARASOTA, FL 34236
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	(SAME)
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		4755 TAMIAMI TRL N #105
		NAPLES ,FL34103
an lia of or	the limited liability company is not organized under the nfirmed that after the change or changes are made, the I d the business office of the registered agent will be iden bility company, it is hereby confirmed that the change(s the members of the limited liability company or as othe the operating agreement of the limited liability compan	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Pr	DANIEL L. O'NEAL, MGRM inted or typed name of signee	_
I co ar Ci ag	hereby accept the appointment as registered agent and mply with the provisions of all statutes relative to the p of I am familiar with and accept the obligations of my p apter 608, F.S. Or, if this document is being filed to m dress. I hereby confirm that the limited liability compar	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ty has been notified in writing of this change.
\sum	gnature of Registered Agent 8/2/12	

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