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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Weldon Wildlife Removal 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:

Jeffrey Weldon

Name of Person

Weldon Wildlife Removal LLC

Firm/Company

2432 Moore Haven Drive East

Address

Clearwater, FL 33763

City/State and Zip Code

weldonwildlife@gmail.com

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

For further information concerning this matter, please call:

Jeffrey Weldon

., 855 \ 872-7844

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

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## 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.

2432 Moore Haven Drive East Clearwater, FL 33763  2432 Moore Haven Drive East Clearwater, FL 33763  L12000070415
Clearwater, FL 33763
4 D
4. Document number
the records of the Florida Dept. of State:
Jaffrey Weldon
1504 39TH AVE N ST PETERSBURG, FL 33703
2432 Moore Haven Drive East Clearwater. FL 33763 Clearwater. FL 33763 Clearwater. FL 33763
laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of seprovided in the articles of organization or
Menber
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 by has been notified in writing of this change.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00