L12000073217

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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2019 AUG 20 PM 4: 55

AUG 21 2013 D. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2013

KEREN ROESSER 843 BISCAYNE DR. WEST PALM BEACH, FL 33401

SUBJECT: THE FOUNDATION LW, LLC

Ref. Number: L12000073217

We have received your document for THE FOUNDATION LW, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please **Fall** (850) 245-6051.

Deborah Bruce Regulatory Specialist II AHAZSEE FLORII

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Foundation W 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:		
Name of Person The Foundation LW LLC Firm/Company BLIS Biscayer St. Address Address Det Palm Bach FL 33401 City/State and Zip Code E-mail address: (b) be used for future annual report notification) For further information concerning this matter, please call:	2013 AUG 20 PM 4: 55	
Name of Person at (501) 398 - 8336 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tellahorer Florida 32314 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

INHS18 (5/08)

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

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. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered		
1. Name of the limited liability company:	pundation LW LLC		
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 843 Biscaure Dr. West telm Beach FL 33401		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	BUS Biscayne Dr. West talm Beachke 33401		
3. Date of filing/registration in Florida	L12000073217 4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	John T Bumgarner		
Registered Office Address:	Atlantis PL 33462		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Keren house		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Dest talm Beach Fly 33101		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.			
Signature of a member or authorized representative of a member			
Printed or typed name of signee	<u>. </u>		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, FfS. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.			
Signature of Registered Agent			

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