

L120000076873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

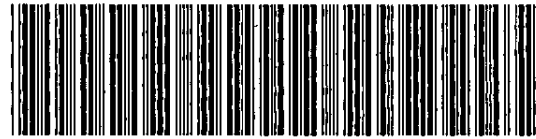
(Business Entity Name)

(Document Number)

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AND
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12 AUG 14 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 15 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2012

KATHERINE GLASS
904 BRIDGEWAY BLVD
ORLANDO, FL 32828

SUBJECT: WEST STATES MARKETING LLC
Ref. Number: L12000076873

We have received your document for WEST STATES MARKETING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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 call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 112A00018836

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEST STATES MARKETING 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:

Katherine Aless
Name of Person

WEST STATES MARKETING LLC
Firm/Company

1110 Timber Ridge Rd
Address

WATKINSVILLE GA 30677
City/State and Zip Code

USMC309@smcil.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHERINE ALESS at (904) 887-5022
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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TALLAHASSEE, FLORIDA

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: WEST STATES MARKETING LLC
2. (a) Principal office address of limited liability company: 904 Bridge Way Blvd
Or FL 32828
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 1110 Timber Ridge Rd
Wettersville GA 30677
(Note: **MAY BE POST OFFICE BOX**)

06/08/12
3. Date of filing/registration in Florida
L12000076873
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: United States Corp. Agents Inc.
Registered Office Address: 13302 Winding Oak Court Suite A
Thomp FL 33612

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Katherine Glass
NEW Registered Office Address: 904 Bridge Way
(MUST BE FLORIDA STREET ADDRESS) Orlando FL 32828

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.

Katherine Glass
Signature of a member or authorized representative of a member

Katherine Glass
Printed or typed name of signee

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, F.S. 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.

Katherine Glass
Signature of Registered Agent

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

APPROVED
AND
FILED

42 AUG 14 AM 10:35
TALLAHASSEE
FLORIDA
SECRETARY OF STATE