

L120000093996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

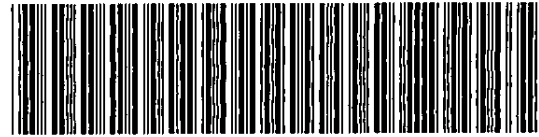
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FILED  
2013 MAY 28 AM 8:39  
JUL 11 2013

J. SAULSBERRY  
EXAMINER  
MAY 29 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wesley Chapel Partners 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:

Erin Buchanan  
Name of Person

Wesley Chapel Partners  
Firm/Company

7845 Outerbridge St  
Address

Wesley Chapel, FL 33545  
City/State and Zip Code

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

FILED  
2013 MAY 28 AM 8:39  
Filing Office  
Tallahassee, Florida

For further information concerning this matter, please call:

Erin Buchanan at (813) 907-7048  
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

**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: Wesley Chapel Partners, LLC
2. (a) Principal office address of limited liability company: 18714 Craig Loop C  
Hudson, FL 34667  
(Note: **MUST BE STREET ADDRESS**)  
(b) Mailing address of limited liability company: 7845 Outerbridge St  
Wesley Chapel, FL 33545  
(Note: **MAY BE POST OFFICE BOX**)  
L 12000093996
3. Date of filing/registration in Florida: July 20<sup>th</sup>, 2012
4. Document number: \_\_\_\_\_
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Corporation Service Company  
dba The Company Corporation  
Registered Office Address: 1201 Hays Street  
Tallahassee, FL 32301  
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Registered Agents Inc.

**NEW Registered Office Address:**

3030 N. Rocky Point Dr. STE 150A

**(MUST BE FLORIDA STREET ADDRESS)**

Tampa, FL 33607

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.

Erin M Buchanan Member  
Signature of a member or authorized representative of a member

ERIN M BUCHANAN  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. 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.

[Signature]  
Signature of Registered Agent

Dan Keen-President

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