

**L12000134502**  
Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : WILSON TAX & ACCOUNTING INC.  
Account Number : I20150000107  
Phone : (941) 625-1925  
Fax Number : (941) 625-1526

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Lindsay@taxsaversfl.net

**LLC REGISTERED AGENT CHANGE  
WIDE OPEN CUSTOMS LLC**

Certificate of Status	0
Certified Copy	0
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FILED  
16 AUG 30 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 AUG 30 PM 2:13  
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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 605.0114 or 605.0116, 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: Wide Open Customs LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1149 Tamiami Trail Unit A

Port Charlotte, FL 33953-3809

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1149 Tamiami Trail Unit A

Port Charlotte, FL 33953-3809

10/22/2012

L12000134502

3. Date of filing/registration in Florida

4. Document number

5. (a) Brandon Gilbert

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1422 Jakway Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

North Port, FL 34288

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

1149 Tamiami Trail

NEW Registered Office Address:

Unit A

Port Charlotte, FL 33953

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

Brandon Gilbert

Printed or typed name of signer

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 605, 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 of Registered Agent

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

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