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2. BUTER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JAMES S. WERTER 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:
JAMES S. WERTER Name of Person JAMES S. WERTER, ILC Firm/Company
2255 Glades Road, Suite 324A
Boca Ruton FL 33431 City/State and Zip Code
E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:

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.

g,	
1. Name of the limited liability company: JAME	S S. WENTER, LLC
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: 2255 Glade's Roud Suite 3242
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	<u>54ME</u> = = = = = = = = = = = = =
12/19/2012	L12000 15810 =
3. Date of filing/registration in Florida	4. Document number & &
5. (a) Registered Agent and Registered Office shown	
Registered Agent:	James S. Werter, Esq.
Registered Office Address:	Same us April
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	NEW Registered Office address: 7.255 Glades Road, Suite 3241 Bocu Raton, FC
MOST DE L'EURIDA STREET ADDRESS	1 ,FL 33431
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	he Florida street address of the registered office dentical. Or, in the case of a Florida limited
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 a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.

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

Signature of Registered Agent