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COVER LETTER

TO: Registration Section Division of Corporations					
CWES XV LLC SUBJECT:					
	Name of Limited L	Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.			
Please return all correspondence concernin	g this matter to the	following:			
Douglas Weiland			- 3		
Name of Person			. 3367		
CWES XV LLC		`			
Firm/Company					
334 E. Lake Rd. #172			;		
Address			·		
Palm Harbor, FL 34685					
City/State and Zip Coo	le				
dweiland@jesproperties.com					
E-mail address: (to be used for future	annual report notif	ication)			
For further information concerning this mat	ter, please call:				
Douglas Weiland	727- at (409-2888			
Name of Person		Area Code & Daytime Telephone Nun	n be r		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the follow	ing amount:				
■ \$25 Filing Fee	□ \$ 5	1 \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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. Na	ame of the limited liability company:				
2. (a)	334 E. Lake Rd.		(b)	334 E. I	Lake Rd.
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#172			#172	
	Palm Harbor, FL 34685			Palm H	arbor, FL 34685
	4/24/2013		t	.1300006	50860
3.	Date of filing/registration in Florida	- 4.	_		Document number
5. (a)	Douglas Weiland				
J. (a)	Registered Agent and Registered Office shown on the records of	the Flor	rida I	Dept. of S	Tate:
	1684 Arabian Lane				
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRE	<u> </u>		_
					. ~>
	Palm Harbor	34605			<u> </u>
	, FL	34685			_
	Terin Barbas Cremer, Esq.				2 63
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	944	r#4z ·	
	Enter hand of the Manager Agent and the Menters	Once	AUU	<u>(23</u>	***
					55
	NEW Registered Office Address:	-			
	209 S. Packwood Ave.				
					
	Tampa	33606	j		
	, FL				
hange igent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li limited	ered com imit d lia	office a ipany, it ed liabil	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
Signat	use of a member of authorized representative of a member	-			Printed or typed name of signce
provision he obli no mere notified	by accept the appoinment as registered agent and agree ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a charge in the registered office address, I have the provided of the state	perfori 1 for in	man Ch	ce of my	oduties, and I am Jamiliar with and accept DS F.S. Or if this document is being filed
Signatur	e of Registered Agent				

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