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JUN 11 2014

R. WHITE

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations				
SUBJECT: Legwerk International 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:			
Tim Hager J Name of Person	-			
Legweste International CCC Firm/Company				
23 fairers DR Address				
Cocoa Bench, FC 32931 City/State and Zip Code				
E-mail address: (to be used for future annual report	rt notification)			
For further information concerning this matter, please c	all:			
im Hagerty at (757,572-1937			
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 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: Legwork	k Internati	onal CCC	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		A M. A H. Mailing address of limiter (Note: MAY BE POS	d liability company:
Cocoa Beach, FC 32931	1100	1 0	******
	<u>C</u> 000	9 Bench, FC	38931
9.3.2013	115	000/23769	
3. Date of filing/registration in Florida	4.	Document number	
5. (a) Tim Hazerty			
5. (a) Registered Agent and Registered Office shown on the records of the	he Florida Dept. of Sta	ate:	
		<u></u>	
Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		
23 fairwa DR			
Coloa Beach .FL	32931		
			\$5.
(b)		_	Im.
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:		
2023 N. Atlantic Aug.			
NEW Registered Office Address:		_	731
#220			
_		_	5 5
Colog Beach ,FL	3939		
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the l	the registered offic bility company, it f the limited liabili limited liability co	ce and the business of is hereby confirmed to ity company or as othe mpany.	fice of the registered hat the change(s) erwise provided in
Signature of a member or authorized representative of a member		Printed or typed name of	of signee
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have notified in writing of this change.	ee to act in this cap performance of my I for in Chapter 60 ereby confirm tha	pacity. I further agree duties, and I am fami 15, F.S. Or, if this doc the limited liability c	e to comply with the iliar with and accept cument is being filed company has been

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

Signature of Registered Agont