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STRAYHORN & PERSONS, P.L.

A Professional Limited Liability Company 2125 First Street, Suite 201 • Fort Myers, Florida 33901

E. Bruce Strayhorn, P.L. bruce@strayhornlaw.com

Telephone: (239) 334-1260 Facsimile: (239) 334-1069

Jenna Persons, P.L. jpersons@strayhornlaw.com

October 15, 2013

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: W & K SERVICES, LLC

STATEMENT OF CHANGE OR REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or both for Limited Liability Company, along with our check in the amount of \$35.00 for the filing fee.

Please return all correspondence concerning this matter to our office:

Strayhorn & Persons, P.L. 2125 First Street Suite 201 Fort Myers, FL 33901

If anything further is necessary, please advise.

Sincerely,

E. Bruce Strayhorn

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EBS/hds 2013088

Enclosures: As Stated

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision of sections 608.416, Florida Statues, 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.

agent, or both	h, in the State of Florida.		
1. Name of	limited liability company:	W & K Services, LLC	
2. (a)	Principal office of limited liability company:	41691 Little Farm Road Punta Gorda, FL 33982	
(b)	Mailing address of limited liability company:	P.O. Box 50625 Fort Myers, FL: 33994	
3. Date of f	iling/registration in Florida	<u>September 16, 2013</u>	
4. Documer	nt Number	<u>L13000130465</u>	
5. (a) Registered Agent and registered office shown on the records of the Florida Department of State:			
	Registered Agent: Registered Office Address:	Strayhorn & Persons, P.L. 2125 First Street Suite 201 Fort Myers, FL 33901	
(b) New Registered Agent and New Registered Office address:			
	New Registered Agent: New Registered Office Address:	Sarah Robinson 41691 Little Farm Road Punta Gorda, FL 33982	
It is hereby confirmed that the changes were authorized by an affirmative vote of the members			
of the limited	I liability company or as otherwise provided in the a	articles of organization or the	
operating ag	reement of the limited liability company.	7	
J X C	0×2	<u>به موقع مي المحمد ا</u> المحمد المحمد	
Signature of	member or authorized representative of member	PH D 32	
_	•		
_ Sar	-ah Robinson		
Printed or ty	ped name of signee	, and	
agree to com	ept the appointment as registered agent and agree to ply with the provisions of all statutes relative to the of my duties and I am familiar with and accept the	proper and complete	

Printed Name of Registered Agent

Signature of Registered Agent

registered agent as provided for in Chapter 608, Florida Statutes.