

L13000159157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

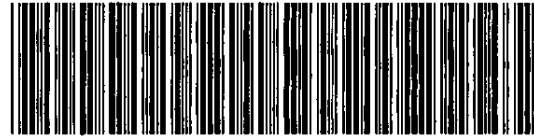
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
MAY 17 2017
17 MAY - 1 PM 1:35

MAY 03 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELCO ONE, 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:

Justin Mays

Name of Person

Welco One, LLC

Firm/Company

2565 N Toledo Blade Blvd. STE 3

Address

North Port, FL 34289

City/State and Zip Code

justinmays@worksiteemployee.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Mays

Name of Person

at (941) 677-0110

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2017

JOHN MACKLE
2565 N TOLEDO BLADE BLVD #3
NORTH PORT, FL 34289

SUBJECT: WELCO ONE, LLC.
Ref. Number: L13000159157

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY -1 PM 1:35

We have received your document for WELCO ONE, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 917A00006891

RECEIVED
2017 MAY -1 PM 12:07
DIVISION OF CORPORATIONS
SECRETARY OF STATE

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: WELCO ONE, LLC

2. (a) WELCO ONE, LLC (b) WELCO ONE, LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2565 N Toledo Blade Blvd, STE 3

North Port, FL 34289

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2565 N Toledo Blade Blvd, STE 3

North Port, FL 34289

11/13/2013

L13000159157

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Mackle, John

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

7000 SW 95 ST

Miami, FL 33156

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

Mackle, John

NEW Registered Office Address:

2565 N Toledo Blade Blvd, STE 3

North Port, FL 34289

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DIVISION OF CORPORATIONS
17 MAY - 1 PM 1:35

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.

JUSTIN MAYS

Signature of a member or authorized representative of a member

Printed or typed name of signee

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