2/300/59685

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dr	ocument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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September 26, 2018

CATHY SNYDER 17717 GULF BLVD, UNIT 401 REDINGTON SHORES, FL 33708

SUBJECT: WAGENFER HOLDINGS, LLC

Ref. Number: L13000159685

We have received your document for WAGENFER HOLDINGS, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$25.00.

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

Deborah Bruce Corporate Records Supervisor

Letter Number: 918A00020122

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COVER LEZITER

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
SUBJ	ECT:	WAGENFER HOLDINGS CCC Name of Limited Liability Company			
Door	ir or Madam:				
Dear S	or or wagam:				
The er	closed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.			
Please	return all correspondence	concerning this matter to the following:			
	CATNY Name of	SNUCE-T Person	r	,	
	LUAGENFE Firm/Con	R HOLDINGS LCC	- 1	nin sep 24	3 11 3
	17717 Gu Addres	LF Blvd UNIT 401		4 AH 10: 42	3.10 こここれの
	Ked maton City State an	Shresfl 33708 d Zip Code		[‡] 2	
<u>C</u>	thy @ Day S-mail address: (to be used	for future amplal report notification)		20	
For fur	ther information concerning	g this matter, please call:		MIB NOV 2	
CA	Name of Person	at (239) S41-0144 Area Code & Daytime Telephone Nur	1	¥21 ₽	i"in
	STREET/COURIER AI Registration Section	DDRESS: MAILING ADDRESS: Registration Section	TO THE TO A	म अ स	ans core
	Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230				
	Enclosed is a check for t	he following amount:			
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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

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	me of the limited liability company: WAGENFER HOLDINGS LLC
2. (a)	17717 GULF Blid. Unit 401 (b)
()	Principal office address of limited liability company: Mailing address of limited liability company:
	Redivator Street Address FL 33708
	Redirigitor States & C 23 100
	11-06-2013 43000159685
3.	Date of filing/registration in Florida 4. Document number
5. (a)	RYAN WAGENIFER
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	5552- BILLINGS ST LEHIGH ACRES FL 33911
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	5552 BILLINGS ST
	LEHIGHACRES .FL 33971
(b)	CATHY SNYDEY
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	17717 GULF BIVE UNIT 401
	NEW Registered Office Address:
	Redington Shores. FL 33708
If the li the char agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nige or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the office of the operating agreement of the limited liability company.
Signati	re of a member or authorized representative of a member Printed or typed name of signee
provisio the obli to mere notifiéd	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signatur	of Registered Agent

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