

L14000001015

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(Address)

(City/State/Zip/Phone #)

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17 JAN 17 PM 3:22  
DIVISION OF CORPORATIONS

O SIMMONS  
JAN 19 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2016

CARA BOLT  
2820 MARLIN CT  
PUNTA GORDA, FL 33950

SUBJECT: WREN LLC  
Ref. Number: L14000001015

We have received your document for WREN 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 LIMITED LIABILITY COMPANY. 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.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 216A00027643

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WREN LLC  
Name of Corporation

DOCUMENT NUMBER: L14000001015

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cara Lyn Bolt  
Name of Contact Person

WREN LLC  
Firm/Company

2820 Marlin Ct.  
Address

Punta Gorda, FL 33950  
City/State and Zip Code

lyn.bolt@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cara Lyn Bolt at ( 562 ) 547-1125  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: WREN LLC

2. (a) 7500 Marlin Ct. (b)  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

2820 Marlin Ct.  
Punta Gorda, FL 33950

2820 Marlin Ct.  
Punta Gorda FL 33950

3. 1/3/2014  
Date of filing/registration in Florida

4. L14000001015  
Document number

5. (a) United States Corporation Agents, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court, A.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Tampa FL 33612  
\_\_\_\_\_, FL \_\_\_\_\_

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

**NEW Registered Office Address:**  
751 Rio Villa Dr.  
Punta Gorda, FL 33950

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.

G L Bolt  
Signature of a member or authorized representative of a member

Grove L. Bolt  
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.

Cara Lyn Bolt  
Signature of Registered Agent

562-547-1125

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