L14000050200

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ION SERVICE COMPANY						
ACCOUNT NO.	:	120000000)195			
REFERENCE	:	108439	4300239			
AUTHORIZATION	:					
COST LIMIT	:	\$ 25.00	Gard Blenon			
ORDER DATE : April 25, 2014 ORDER TIME : 3:02 PM						
ORDER NO. : 108439-005						
CUSTOMER NO: 4300239						
CHANGE OF AGENT						
NAME: WEISER FAMILY LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Susie Knight EXT# 52956						
		EXAMINER:				

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 for both in the State of Florida.

1. N	ame of the limited liability company: WEISER FAMIL	YLLC	SEGRETATY OF STATE TALLAHASUEE: FLORDA
	C/O WEISER FAMILY LLC	(b)	
2. (a)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4404 INTRACOASTAL DRIVE		4404 INTRACOASTAL DRIVE
	HIGHLAND BEACH, FL 33487		HIGHLAND BEACH, FL 33487
	March 26, 2014	- <u>,</u> -	L14000050200
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:
			
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
	1201 HAYS STREET		<u></u>
	TALLAHASSEE , FL	32301	
(b)			
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:
	4404 INTRACOASTAL DRIVE		
	NEW Registered Office Address:		
		-	
	HIGHLAND BEACH , FL	33487	
the cha	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affigurative vote of the members of icles of organization or the operating agreement of the	the regist	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
	Jacobs 100		Allison Kubin Printed or typed name of signee
I here provisi the obl to mer notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agri ions of all statules relative to the proper and complete lightions of my position as neglistered agent as provided ely reflect a change in the registered office address, I have a writing by an acceptance. The of Registered Agent	ee to act operformant for in Control of the Control	in this capacity. I further agree to comply with the
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