

44000119854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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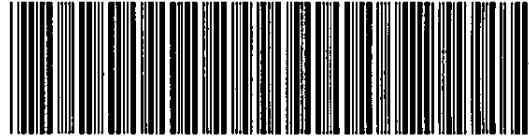
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 28, 2014

Steven V. Blount, Esq.
Blount Law PL
801 Laurel Oak Dr., Ste 705
Naples, FL 34108

SUBJECT: WOD SPOT LLC
Ref. Number: L14000119854

We have received your document for WOD SPOT 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 Florida domestic profit corporation, but your entity is a Florida 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) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 214A00018492

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOD Spot, 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:

Steven V. Blount, Esq.
Name of Person

Blount Law, PL
Firm/Company

801 Laurel Oak Dr., Ste. 705
Address

Naples, Florida 34108
City/State and Zip Code

sblount@blountlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Diaz - Garcia at (239) 592-4815
Name of Person 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

**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: WOD Spot, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

3731 7th Ave NW
Naples, FL 34120

Mailing address of limited liability company:

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

3731 7th Ave NW
Naples, FL 34120

07/30/2014

3. Date of filing/registration in Florida

4.

L14000119854

Document number

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

Dario A. Aviles
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3731 7th Ave NW
Naples, FL 34120

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

Steven V. Blount, Esq.
NEW Registered Office Address:

801 Laurel Oak Drive, Suite 705
Naples, FL 34108

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.

[Signature]
Signature of a member or authorized representative of a member

William Diaz-Garcia
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]
Signature of Registered Agent

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SECRETARY OF STATE