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(((H17000087897<sup>1</sup>/<sub>3</sub>)))



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To:

Division of Corporations

: (850)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## LLC REGISTERED AGENT CHANGE THE WEATHERFORD PARTNERS, LLC

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## 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.

2. (a)	29141 CHAPEL PARK DRIVE	l Tampa St 2320	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited limbility company: (Note: MAY BE POST OFFICE BOX)
	WESLEY CHAPEL, FL 33543	<u>Tamp</u>	a, FL 33602
	08/27/2014	L14000	0134331
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	JOHNSON, LEONARD H, ESQUIRE	1-	
J. (d)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREE) 37837 MERIDIAN AVENUE SUITE 100	T ADDRESS)	TT MAR 31 AM 91 29
	Dade City	L 33525	AM M
(b)	Northwest Registered Agent, LLC		9; 29
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	
	NEW Registered Office Address:		<del></del>
	3030 N. Rocky Point Dr. STE 150A		
	Tampa	33607	·········
	, F	<sub>FL</sub> 33607	
he cha agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered of liability company, s of the limited liab ne limited liability of	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
<u> </u>	ature of a flember or authorized representative of a member	Morgan No	Printed or typed name of signee
_	thy accept the appointment as registered agent and a ions of all statutes relative to the proper and completigations of my position as registered agent as provicely reflect a change in the registered affice address, d in writing of this change.	gree to act in this c te performance of n led for in Chapter (	,,
the ob to mer notifie	elv reflect a change in the registered affice address, d in writing of this change.	I héreby confirm th	nat the limited liability company has been