

5/8/2017

Division of Corporations

L14000159856

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

****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
CAMBRIDGE WILSON & CO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
2017 MAY -8 AM 10:34
CLERK OF COURT
TALLAHASSEE FLORIDA

2017 MAY -8 AM 11:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

MAY 09 2017
J. HARRIS
Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMBRIDGE WILSON & CO, 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:

Coleen Olson

Name of Person

CAMBRIDGE WILSON & CO, LLC

Firm/Company

2185 HAMPTON AVE

Address

ST. LOUIS, MO 63139

City/State and Zip Code

coleen.olson@smwilson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Coleen Olson

at (314)

633.5715

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

IN11818 (2/14)

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: CAMBRIDGE WILSON & CO, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2185 HAMPTON AVE, ST. LOUIS, MO 63139
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
2185 HAMPTON AVE, ST. LOUIS, MO 63139
3. 10/14/2014
Date of filing/registration in Florida
4. L14000159856
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
REGISTERED AGENTS INC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
3030 N. ROCKY POINT DR, STE 150A
TAMPA, FL 33607
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
C T Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

FILED
 2017 MAY -8 AM 11:21
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

Michael R. Dohle, Authorized Person
Printed or typed name of signer

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.

By: C T Corporation System Ternell Kearney Asst. Secretary
Signature of Registered Agent

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

INHS18 (2/14)