

5/8/2017

Division of Corporations

L14000159856  
Florida Department of State  
Division of Corporations  
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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  
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**LLC REGISTERED AGENT CHANGE  
CAMBRIDGE WILSON & CO, LLC**

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

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**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

IN11S18 (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. Date of filing/registration in Florida: 10/14/2014 4. Document number: L14000159856

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

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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 of a member or authorized representative of a member: [Signature] 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 Terecll Kearney Asst. Secretary Signature of Registered Agent

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