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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Rethine Worldwide, LL C				
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:				
DAVID Stillham Name of Person				
Rething Worldwide, LLC Firm/Company				
4761 SW 41 ST Street Address				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
DAVID Stirlam al (407) 792-1400				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 Filing Fee				
INHS18 (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.

Nam	ne of the limited liability company: Kethink	< W	orldwide, LLC
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  3670 Popul Pipe Way  Carmont, FL 34911	_ (b) -	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
_	Dec 22 2014	<u> </u>	L14000194320
	Date of filing/registration in Florida	4.	Document number
(a) _	DAVID Stidham		
К	Registered Agent and Registered Office shown on the records of the	e Florida l	Sept. of State:
(b) <u>E</u>	Enter name of NEW Registered Agent and or NEW Registered C		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	NEW Registered Office Address:	VIIVI	- maidmed
	4761 SW 41 St.		
_	OCAPA FL	344	74
e chang ent wil as/were	nited liability company is not organized under the laws ge or changes are made, the Florida street address of the ll be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of les of organization or the operating agreement of the li	he regist pility cor the limit	ered office and the business office of the registe npany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company.
ignatur	re of a member or authorized representative of a member		DAVID Stidham Printed or typed name of signee
hereby ovision e oblig merely	accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided prefect a change in the registered office address. I he writing of this dhange.	e to act i erforma for in Ci ereby con	n this capacity. I further agree to comply with t ace of my duties, and I am familiar with and acc apter 605, F.S. Or, if this document is being fil afirm that the limited liability company has been

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