L15000013127

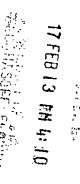
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PICK-UP	☐ WAIT	MAIL MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer.				
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FEB 1 3 2017 Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2017

JAMES D LORENZ 2000 WEBBER STREET SARASOTA, FL 34239

SUBJECT: JAMES D. LORENZ, LLC

Ref. Number: L15000013127

2017 FEB 13 PM 3: 38

We have received your document for JAMES D. LORENZ, 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):

We are enclosing the proper-form(s) with instructions for your convenience.

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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 817A00001781

COVER LETTER

SUBJECT: JAMES D. L	ORENZ, LLL.		
Name of Limite	ed 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:		
JAMES D. LOREN	17		
Name of Person REMAX ALLIAN Firm/Company	CE		
(Firm/Company			
2000 WEBBER STR	EET		
Address			
SARASOTA, FL. 3423 City/State and Zip Code	.9		
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call	:		
JAMES LORENZ at 194	308-3809		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

□ \$25 Filing Fee

Enclosed is a check for the following amount:

TO:

Registration Section Division of Corporations

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. N	lame of the limited liability company:	
	WERKAY ALLIANAC	_
2. (a)	Principal office address of limited liability company: Mailing address of limited liability company:	_
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)	
	2000 WEBBER ST	_
	SARASOTA, FL.34239	_
	12-1-2016 CR9247719963	_
3.	Date of filing/registration in Florida 4. Document number	
5. (a)	UNITED STATES CORPORATION AGENTS, INC.	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	13320 WINDING OAT COURT A	
	TAMPA 336/2 # 3	
	FEB :	
(b))	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	•
	JAMES D. LOREHZ	:
	NEW Registered Office Address:	
	KEMAX ALLIANCE	
	2000 WEBBER ST.	
	SARASOTA FL 34239	
the ch agent was/w the art	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after range or changes are made, the Florida street address of the registered office and the business office of the registere will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization of the operating agreement of the limited liability company. The provided in the operating agreement of the limited liability company. Printed or typed name of signee	:d
I he provis the ob- to me totifle	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accepting the properties of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been address.	? 71 1
Signa	ure of Registered Agent	
	Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314	

FILING FEE: \$25.00