

5 0000 54 258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

☐

WAIT

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MAIL

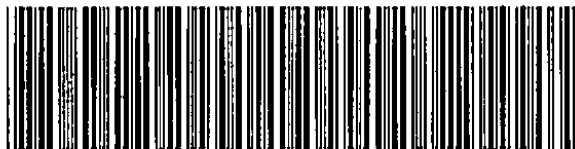
(Business Entity Name)

(Document Number)

ies _____ Certificates of Status _____

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JAN 27 2020

S. YOUNG

COVER LETTER

Registration Section
Division of Corporations

: WARLICK'S WAGE, LLC
Name of Limited Liability Company

Madam:

and Registered Agent/Registered Office Change and fee(s) are submitted for filing.

in all correspondence concerning this matter to the following:

ANTHONY JOHANSEN
Name of Person

Firm/Company

534 MAGNOLIA AVE.
Address

SAINT JOHNS, FL. 32259
City/State and Zip Code

mailing address: (to be used for future annual report notification)

For information concerning this matter, please call:

ANTHONY JOHANSEN at (904) 463-0832
Name of Person Area Code & Daytime Telephone Number

REGISTRATION ADDRESS:

Registration Section
Division of Corporations
Government Building
61 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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company
following statement in order to change its registered office or registered agent, or both, in the State of

of the limited liability company: WORKER'S WAGE, LLC.

Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**)
(b) Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**)

534 MAGNOLIA AVE.
SAINT JOHN'S, FL. 32259

3/10/2015 4. L150000 3/258
Date of filing/registration in Florida Document number

ACHARY MULLER
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
501 RIVERSIDE SUITE 901
JACKSONVILLE FL 32202

ANTHONY JOHNSON
name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Registered Office Address:
534 MAGNOLIA AVE.
SAINT JOHN'S FL 32259

limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
or changes are made, the Florida street address of the registered office and the business office of the registered
be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
of organization or the operating agreement of the limited liability company.

[Signature] ANTHONY JOHNSON
a member or authorized representative of a member Printed or typed name of signee

except the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
ons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
reflect a change in the registered office address, I hereby confirm that the limited liability company has been
writing of this change.

[Signature]
Registered Agent