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Office Use Only



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## **COVER LETTER**

Division of Corporations	
WW Accounting LLC SUBJECT:	
	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:
Nathan Dixon	
Name of Person	<del></del>
WW Accounting LLC	
Firm/Company	<del></del>
6614 Kingspointe Pkwy	
Address	2
Orlando FI 32819	ALLAHASSEE FLORID
City/State and Zip Code	ARX SEL
ndixon850@yahoo.com	JUL - 1 P
E-mail address: (to be used for future annual report i	notification)
For further information concerning this matter, please call	10 Alberta 12
Nathan Dixon 850	516-0617
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	S55 Filing Fee & Certified Copy

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.

1. Na	ame of the limited liability company: WW Accounting	g LLC	
2. (a)	6614 Kingspointe Pkwy	(b) 10450 <sup>1</sup>	Turkey Lake # 692318
( <b></b> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Orlando, Fl	Orlando	),Fl
	32819	32869	
	05/04/2015	L150000	78670
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Candy Walker		
/ (u)	Registered Agent and Registered Office shown on the records of the 6614 Kingspointe Pkwy	re Florida Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	- 54. pp
	ORLANDO .FL	32819	ZIII JUL -
(b)	Nathan Dixon		E L
	Enter name of NEW Registered Agent and/or NEW Registered (	Office address:	
	6614 Kingspointe Pkwy		D 3: 12
	NEW Registered Office Address:		
	Orlando 3	22810	_
	, FL	32819	_
he changent vas/we he arti	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li- liure of member or authorized representative of a member by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete	he registered office pility company, it is the limited liability company.	re and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.  Printed or typed name of signal
	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this whinge.  The of Registered Agent	ereby confirm that	the limited liability company has been