U15000111140

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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COVER LETTER

Division of Corporations					
SUBJECT: WAILY WORLD	D G-AWING- 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.				
WALLACE L WILLIAM Name of Person	<u>\$</u>				
WAIIY WHILD GAMING-Firm/Company					
116 E TEN Mile Address	Rd 28				
Pen SAcola FL 3	2534 AM L				
City/State and Zip Code	\$\$ 10				
E-mail address: (to be used for future annual	al report notification)				
For further information concerning this matter, p	lease call:				
WALLACE L WILLIAMS Name of Person	at (<u>850</u>) <u>3/6 - /408</u> 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				

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	me of the limited liability company:	WORLD	6 AmING	
2. ((a)	Principal office address of limited liability company:	(b)	Mailing address of l	imited liability company:
		(Note: MUST BE STREET ADDRESS)			POST OFFICE BOX)
		116 E TEN MILE RY	·	SAMO	0
		Persacola FL 32534			
		6-25-15 Date of filing/registration in Florida	L	15000	111160
3.		Date of filing/registration in Florida	4.	Document num	ber
5.		Registered Agent and Registered Office shown on the records of the		_ te:	
	C	ORPORATION SARVICE COMPAN)			- wi
		Registered Office Address (MUST BE FLORIDA STREET AD			
		1201 HAYS STREET		_	
		TA/14 HASSEE ,FL		*	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Of	Pies address:	_	was Ti
		Direct manie of the way the potential who was the way the potential of	ince sugress.		2. 06 2. 06
		NEW Registered Office Address:			05 80
		NEW Registered Office Address:		_	
		116 E TEN mile Ro	<u> </u>	_	
		PONSACOLA, FL_	32534	, -	
the ager	cha nt w /we artic	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabi re authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the line	of the State of Fl e registered offic lity company, it he limited liabili nited liability con	orida, it is hereby e and the busines is hereby confirm ty company or as npany.	ss office of the registered led that the change(s) otherwise provided in
42	αl	loca & Welling ure of a member or authorized representative of a member	WAllace	Printed or typed no	rsm S
I he provided the to motion	jieu	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided for the reflect a change in the registered office address, I her in writing of this change.	to act in this cap rformance of my or in Chapter 60, reby confirm that	acity. I further a duties, and I am 5, F.S. Or, if this the limited liabil	ngree to comply with the familiar with and accept document is being filed lity company has been
Sign	atur	Coree & Williams e of Registered Agent			