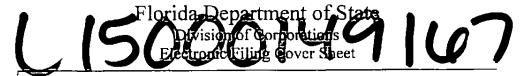
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000224103 3)))



H170002241033ABCU

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone

: (702)866-2500

Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE DWPB EXCHANGE LLC

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TO: Registration Section

HT70002241033

COVER LETTER

. Б	ivision of Corporations						
SUBJECT	CT: DWPB Exchange LLC Name of Limited Liability Company						
Dear Sir o	r Madam:						
The enclo	sed Registered Agent/Registered (Office Char	nge and f	ee(s) are submitted for filing.			
Please reti	um all correspondence concerning	ς this matte	r to the fo	ollowing:			
	Nadine Long						
_	Name of Person			_			
	InCorp Services, Inc						
	Firm/Company		•	-			
	3773 Howard Hughes Pkwy, S	Suite 500S					
	Address			_			
	Las Vegas, NV 89169-6	014					
	City/State and Zip Cod	e		- •			
	documents@incorp.co			- , ,			
E-m	ail address: (to be used for future	аплиа! герс	ort notific	cation)			
For furthe	r information concerning this mat	ter, please	caļl:				
Nadine	Long	at (702	866-2500			
	Name of Person			Area Code & Daytime Telephone Number			
R D C 20	TREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 561 Executive Center Circle allahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314				
E	nclosed is a check for the follow	ing amoun	it:				
Ż	1 \$25 Filing Fee		□ \$ 55	5 Filing Fee & Certified Copy			
INHS18 (2	/14)	1-1-	QQ.	0 224 1033			

H 170002241033

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.

L N	lame of the limited liability company: DWPB Exchan	ge LL	<u>_C</u>					
2. (a)	2027 E ATLANTIC BLUD, DMD # 444			2637 E. A	ATLANTIC BLVI	D. PMI	B#14	1
_, (=,	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		,2	· N	Mailing address of lim (Nate: MAY BE Po	ited liabi	lity comp	any;
	POMPANO BEACH, FL 33062		ş	POMPAN	NO BEACH, FL 3	33062		
		_	_					
		-	_			<u> </u>		
	08/31/2015		L.	1500014	9167			
3.	Date of filing/registration in Florida	4.	_		Document number	er		
5. (a	CT CORPORATION							
J. (a	Registered Agent and Registered Office shown on the records of the	he Flor	rida D	ept. of State	2			
	1200 South Pine Island Road				_			
	Registered Office Address MUST BE FLORIDA STREET A	DDRE	:25]		-			
					_			
	Plantation . FL		333	24				
	,				•		22	
(b))[]	
	Enter name of NEW Registered Agent and/or NEW Registered (Office	<u>addre</u>	ā1:		3 - 18	AUG	1 [
	17888 67th Court North					,	23	i harana.
	NEW Registered Office Address:				•	Ž.,		grant.
	Loxahatchee, FL 33470					·· · ;	ÁΗ	7 7
		_			•	Ī::	Ö	
	Loxahatchee FL		334	70		₩.	d	
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the	the re bility f the l	giste com limite	red office nany, it is d liability	eand the business shereby confirmed y company or as o	office o	of the m ie chan	egistered ge(s)
	Data	D	anie	l Wiener				
	nture of a member or authorized representative of a member				Printed or typed nam	_		
I here provise the obtained in men	eby accept the appointment as registered agent and agre- sions of all statutes relative to the proper and complete po- ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.						omply with an it is bea any has	with the d accept ing filed been
Signat	Wadine Long on be	ııali	OI !	псогр	Services, Inc	٠.		
	Division of Corporations • P.O. B	ox 63	327=	Tallahas	see, FL 32314			

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

INHS18 (2/14)

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