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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ		CY: : 1Y: 1	W. C	
	Nan	ne of Limited Liab	onity Company	
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the fo	llowing:	
Jose	ph Schwartz			
	Name of Person		-	
WJ F	lomes, LLC			
	Firm/Company		•	
831 \$	Stephens Pass Cove			
	Address		-	
Lake	Mary, FL 32746			
	City/State and Zip Code		-	
Jose	ph.Scwartz@gmail.com			
1	E-mail address: (to be used for future and	nual report notifica	ation)	
For fu	rther information concerning this matter,	, please call:		
Jose	ph Schwartz	407 at (409.7994	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314	
	Tallahassee, Florida 32301	2 3114		
	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.

l. Na	ame of the limited liability company: WJ Homes, I	LLC	
2. (a)	Joseph Schwartz, Manager	(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)
	831 Stephens Pass Cove		Same
	Lake Mary, FL 32746	·	
	10/6/2015	L150	000170125
3.	Date of filing/registration in Florida	4.	·Document number
i. (a)	Joseph Schwartz, Manager		
. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:
	217 N. Westmonte Drive, Suite 1005, Altam	nonte Spring	s, FL
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	
	831 Stephens Pass Cove		-
	Lake Mary , FI	L ³²⁷⁴⁶	7 HAR
4.			- SHE
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	<u></u>
			PH 12:
			
	NEW Registered Office Address:		
	831 Stephens Pass Cove		
	Lake Mary, FI	L32746	
he cha igent v vas/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered iability compar of the limited l e limited liabili	office and the business office of the registered by, it is hereby confirmed that the change(s) hability company or as otherwise provided in ty company.
A Trans	ure of a member or authorized representative of a member	Joseph	Schwartz Printed or typed name of signee
I herel provisi he obl o mere potifica	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d in whiting of this change.	gree to act in the e performance ed for in Chapt hereby confirn	is capacity. I further agree to comply with the
Signatu	re of Registered Agent		

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