

L15000176710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

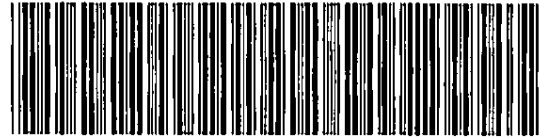
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 AUG 17 AM 5:21

AUG 17 2022  
M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WSIAP, LLC  
Name 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:

PATRICK LOWRY  
Name of Person

LOVERDE DEVELOPMENT  
Firm/Company

400 HOWARD AVE, UNIT "C"  
Address

LAKELAND, FL 33815  
City/State and Zip Code

LOVERDEDEVELOPMENT@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK LOWRY at (863) 640-3412  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2022 AUG 17 AM 5:21

**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. Name of the limited liability company: WSIAP, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 10/12/2015 4. 215000176710  
Date of filing/registration in Florida Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
\_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

PATRICK LOWRY  
NEW Registered Office Address:  
400 HOWARD AVE, SUITE "C"  
LAKELAND, FL 33815

2022 AUG 17 AM 5:11  
FILED

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

Jamie Renne  
Signature of a member or authorized representative of a member

JAMIE RENNE  
Printed or typed name of signee

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

P. Lowry  
Signature of Registered Agent



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2022

PATRICK LOWRY  
LOVERDE DEVELOPMENT  
HOWARD AVE, UNIT C  
LAKELAND, FL 33815

SUBJECT: WSIAP, LLC  
Ref. Number: L15000176710

We have received your document for WSIAP, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Florida Corporation, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 122A00016691

RECEIVED

AUG 16 2022