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(Re	equestor's Name)	
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		70.
(C)	ity/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(BI	usiness Entity Nan	ne)
(D	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

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то:	Registration Section Division of Corporations				
SUBJE	CT: 05 WNKEL ZWO	61WEELING LLC ited Liability Company			
Dear Si	r or Madam:				
The enc	losed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.	E KA	<u>_</u>	
Please r	eturn all correspondence concerning this matter	to the following:		330	三三
_D	AVID RWALK CM Name of Person		SSEE, FLORI	28 PH 5:5	
C	5 WHURE PHINES	eni-ell	A	7	
	2155 N. Mc Mullan Address	Both Rd		2018 DEC	ر :
	CAYLWATCH PL 335 City/State and Zip Code	259		ا ال	ر ا
	MA mail address: (to be used for future annual repor	t notification)		MH 10: 35	1
	her information concerning this matter, please ca			.	
<u>Div</u>	W. R. WALL at ()	727) 669 7036 Area Code & Daytime Telephone Nun	nber		
	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	:			
	S25 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. N	Name of the limited liability company: <u>CS. WATELL BUGLNE</u>	KM	400
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OF		
	Clementer RC		
	33759 L		
	143/18 US000190352		
3.	Date of filing/registration in Florida 4. Document number		
5. (a)	a) (Legal Zoom DLO DINTON WALLER (NEW)		
(**)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	1의 급	
	2155 N. Mamuller Both Id		70
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	C 28	=======================================
	<u>Clamwater</u>	110	世世
	FL_33759	2	くツ
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	5: 57 ORIUN	
	2155 N. Mcmullen Booth W		
	NEW Registered Office Address:		
	dementer 12L		
	.FL 33759		
IF dos	Similard liability assument is not approximal under the large of the Crots of Elevide it is baraby confirm	mad that ativ	
the ch agent was/w	e limited liability company is not organized under the laws of the State of Florida, it is hereby confirmange or changes are made, the Florida street address of the registered office and the business office t will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that were authorized by an affirmative vote of the members of the limited liability company or as otherwise.	of the regis the change(s	tered s)
the art	ericles of organization or the operating agreement of the limited liability company. $\int M U(X) = 0.$	f.	
Sign	nature of a member or authorized representative of a member Havis Mark With Classical Printed or typed name of significant printed or typed name of significant printed or typed name of significant printed printed or typed name of significant printed print	ince	
I here provis the ob- to mer notitie	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to isions of all statutes relative to the proper and complete performance of my duties, and I am familian obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume ereby reflect a change in the registered office address, I hereby confirm that the limited liability compact in yeiting of this change.	comply with r with and ac ent is being pany has be	n the ccept filed en
Signati	ature of Registered Agent		