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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	JBJECT: Change of Registered Agent Name of Limited Liability Company					
	Nan	ne of Limited	Liability Company			
Dear S	ir or Madam:					
The en	nclosed Registered Agent/Registered Off	fice Change as	nd fee(s) are submitted for filing			
Please	return all correspondence concerning th	is matter to th	ne following:			
Gene	e DeLucia					
	Name of Person					
Ward	ove LLC			22		
	Firm/Company			2911 459		
1570	Belleair RDG			R 30		
The state of the s	Address		and describes	T Fig.		
Clear	water, FL 33764			E 22		
	City/State and Zip Code					
ward	ovemanagement@gmail.com			10 July 10 10 10 10 10 10 10 10 10 10 10 10 10		
E	E-mail address: (to be used for future and	nual report no	tification)			
For fu	rther information concerning this matter	, please call:				
Gene	DeLucia	727 at (593-7011			
	Name of Person		Area Code & Daytime Tele	phone 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 Fallahassee, Florida 32314			
	Enclosed is a check for the following	g amount:				
	☑ \$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy	y		

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	me of the limited liability company: Wardove LLC	;		
2. (a)	1570 Belleair RDG	(b)	1570 Bel	leair RDG
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Clearwater, FL 33764		Clearwate	er, FL 33764
	01/07/2016		L1600000	05607
3	Date of filing/registration in Florida	4.]	Document number
5. (a)	Gene DeLucia			
5. (a) -	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	
	518 Harbor Dr N			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS,]	23
				معمد
	Indian Rocks Beach	33785		65 W
	, 1 L	'		
(b)	Gene A. DeLucia			
. ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	lress:	F 72
				1.40° - 5.30 37
	NEW Registered Office Address:			
	1570 BELLEAIR RDG			
			1 1	
	CLEARWATER	33784	Sul	
If the l	imited liability company is not organized under the lav	ws of the	State of Flo	rida, it is hereby confirmed that after
agent v	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li	ability co	mpany, it is	hereby confirmed that the change(s)
vas/wo	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	of the lim	ited liability	company or as otherwise provided in
no arti		1111111001	Gene	A D. /
Signa	ture of a member or authorized representative of a member		<u> </u>	Printed or typed name of signee
provisi the obi to m e r	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I a in writing of this change.	ree to act performed d for in C hereby co	in this capa ance of my a Chapter 605, onfirm that t	ncity. I further agree to comply with the luties, and I am familiar with and accep F.S. Or, if this document is being filed he limited liability company has been
<u>/ U</u>	re of Registered Agent			