## L16000009501

(Requestor's Name)							
(Address)							
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TO:

INHS18 (2/14)

Registration Section

## **COVER LETTER**

Divi	sion of Corporations					
SUBJECT:	W.A.C. Amigos, LLC					
SCHOLET.	Name of Limited Liability Company					
Dear Sir or I	Madam:					
The enclose	d Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please return	n all correspondence concerning thi	s matter to the following:				
Vincent C	. Jarrell					
	Name of Person					
W.A.C. A	migos, LLC					
	Firm/Company					
2423 S. C	Orange Ave. #191					
	Address					
Orlando, I	FL 32806					
	City/State and Zip Code					
vjarrell@j	uno.com					
E-mai	address: (to be used for future ann	ual report notification)				
For further	information concerning this matter,	please call:				
V.C.Jarre	11	at (407 ) 898-9252				
	Name of Person	Area Code & Daytime Telephone Number				
Reg Div Clit 266 Tall	REET/COURIER ADDRESS: gistration Section rision of Corporations from Building of Executive Center Circle lahassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314				
Enc	closed is a check for the following	amount:				
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

## 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.	Na	me of the limited liability company: W.A.C. Amigo	s LLC	,					
2. (	a)	2423 S. Orange Ave #191	a	6	2423 S. Orang	ge Ave. a	#19	91	
	, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	-,,	Mailing ac		nited	liabili	y company: CE BOX)
		Orlando FL 32806		-	Orlando, FL 32	2806	<u></u> .		
		January 13, 2016	••••	L	16000009501				
3.		Date of filing/registration in Florida	4.		Docum	ent numb	er		
5. (	(a)	Vincent C. Jarrell							
J. \	,	Registered Agent and Registered Office shown on the records of the	ne Florid	a L	Dept. of State:				
		Registered Office Address (MEST BE FLORIDA STREET A	DDRES:	S)		Ā	38	16	
		2423 S. Orange Ave. #191				A	CRE	FB	4 17 18
		Orlando FL	32806	,		# S.S	7	29	AND STATE
								<b>-</b>	
(1	b) .	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldr	css.	i oriox	STATE	8: 01	
		NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·				
		2407 Sheffield Ave.							
		Orlando FL	32806						
the c agen was/	hai it w we	mited liability company is not organized under the law age or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of these of organization or the operating agreement of the l	the regit bility control the limited	ste on ite lia	ered office and the apany, it is hereby ed liability compa bility company.	business confirme	off d th	ice of	the registered
C:-	_[		Vin	CE	ent C. Jarrell				
I he prov the o to m notif	ikh isio bli ere ied	To of a member or authorized representative of a member by accept the appointment as registered agent and agreens of all statistics relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address, I have a first change.	re to act perform for in ( ereby c	t ir lan Ch on	this canacity. I	ot typed nar further as ind I am f Dr, if this d ted liabili	F1*/>//	to co	mnly with the