

L16 000 118 029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

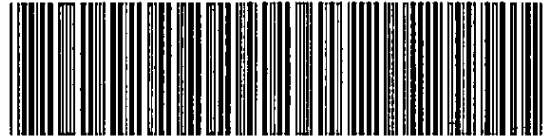
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

SEP 06 2019

COVER LETTER

TO: Registration Section
Division of Corporations

WELTON STOTT LLC

SUBJECT: _____
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:

Welton H Stott III

Name of Person

WELTON STOTT LLC

Firm/Company

662 Coal Way

Address

Winter Springs, FL 32708

City/State and Zip Code

oviedohandyman.bill@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Welton Stott 407 340-8652

Name of Person

at () _____
Area Code & Daytime Telephone 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
Tallahassee, Florida 32314

Enclosed 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.

WELTOH STOTT LLC

1. Name of the limited liability company: 662 Coarl Way

2. (a) 662 Coarl Way (b) 662 Coarl Way

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Winter Springs, FL 32708

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Winter Springs, FL 32708

06/20/2016

L16000118029

3. Date of filing/registration in Florida

STOTT, WELTON H, III

4. Document number

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

648 ARMOR CT

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Oviedo

32765

FL

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

662 Coarl Way

NEW Registered Office Address:

Winter Springs

32708

FL

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.

Welton Stott

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Signature of Registered Agent

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STATE OF FLORIDA
TALLAHASSEE