

L16000141616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

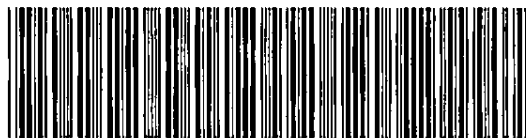
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC 13 AM 7:09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2017

BILL HAVRE
3030 N ROCKY POINT DR
STE 150A
TAMPA, FL 33607

SUBJECT: WAM BUSINESS SOLUTIONS, LLC
Ref. Number: L16000141616

We have received your document for WAM BUSINESS SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 217A00021028

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WAM BUSINESS SOLUTIONS, 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:

BILL HAVRE

Name of Person

REGISTERED AGENTS INC.

Firm/Company

3030 N. ROCKY POINT DR., STE 150A

Address

TAMPA, FL 33607

City/State and Zip Code

agent@floridaregisteredagent.net

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

For further information concerning this matter, please call:

BILL HAVRE

Name of Person

at (850) 807-4500

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.

1. Name of the limited liability company: WAM BUSINESS SOLUTIONS, LLC

2. (a) 2711 CENTERVILLE ROAD (b) 8794 Boynton Beach Blvd

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Suite 400

Suite 213

Wilmington, DE 19808

Boynton Beach, FL 33472

07/28/2016

L16000141616

3. Date of filing/registration in Florida

4. Document number

5. (a) CORPORATION SERVICE COMPANY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 HAYS STREET

Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

3115

TALLAHASSEE, FL 32301

(b) FLORIDA REGISTERED AGENT LLC

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

BILL HAVRE

NEW Registered Office Address:

3030 N. ROCKY POINT DR., STE 150A

TAMPA, FL 33607

17 DEC 13 AM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

BRYAN RUDNICK

Printed or typed name of signor

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.

Bill Havre
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00