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(Requestor's Name)						
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(Address)						
(Cit	y/State/Zip/Phone	#)				
PICK-UP						
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Certified Copies	_ Certificates	of Status				
						
Special Instructions to	Filing Officer:					
Office Use Only						



07/10/18--01005--083 **350.00



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COVER LETTER

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TO: **Registration Section Division of Corporations**

ARES WPB, 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:

Jeremy Auestad

Name of Person

APHRODITE WPB, LLC

Firm/Company

667 Hibiscus Street

Address

West Palm Beach, FL 33401

City/State and Zip Code

susan@rodecker.com

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

For further information concerning this matter, please call:

Susan Castellanos		714 241-7368 at ()		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301			

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.

	ame of the limited liability company:ARES WPB ARES WPB, LLC		b) ARES WPB, LLC	
2. (a)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(Mailing addre	ss of limited liability company: Y BE POST OFFICE BOX)
	17284 NEWHOPE ST.222		17284 NEWHOPI	E ST.222
	FOUNTAIN VALLEY, CA 92708		FOUNTAIN VALL	N VALLEY, CA 92708
	08/09/2016		L16000148377	
3.	Date of filing/registration in Florida	4.	Document	number
5. (a)	LAUTIN, RICKY			
J. (a)	Registered Agent and Registered Office shown on the records of LAUTIN, RICKY	la Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREE	<u></u>	18 F	
	1280 N CONGRESS AVE 208			
	WEST PALM BEACH			FILED
(b)	Jeremy Auestad			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
	NEW Registered Office Address:			
	667 Hibiscus Street			
	West Palm Beach	-L_33409	}	
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg liability of s of the li he limited	istered office and the bi company, it is hereby co- mited liability company liability company.	usiness office of the registered onfirmed that the change(s)
		VV.	allace Rodecker	

Signature of a member or authorized representative of a member

Printed or typed name of signee

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. Thereby confirm that the limited liability company has been notified in writing-of this change.

Signature of Registered Agent

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