## 1/600/50670

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



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## COVER LETTER

|             | •   | COVINCIATION   |
|-------------|---|--|
| то:         | Registration Section Division of Corporations   |  |
| SUBJI       | ECT: The W  | Name of Limited Liability Company  |
| Dear S      | Sir or Madam:   |  |
| The en      | aclosed Registered Agent/Registered   | Office Change and fee(s) are submitted for filing.                                     |
| Please      | return all correspondence concernir   | ng this matter to the following:   |
|             | Ovilleremo Fr. Name of Person The Woody B Firm/Company  |  |
| <u>4</u>    | Address  ON IMAGO, F1 S.  City/State and Zip Co   | FOENTS   |
| <del></del> | SAIRS Q THE WO  | e annual report notification)  |
| For fu      | rther information concerning this ma  | atter, please call:  |
| li          | Name of Person  | at ( <u>321</u> ) <u>945</u> 8290<br>Area Code & Daytime Telephone Number              |
|             | STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
|             | Enclosed is a check for the follow  | wing amount:   |
|             | S25 Filing Fee  | ☐ \$55 Filing Fee & Certified Copy   |

INHS18 (2/14)

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November 16, 2017

GUILLERMO FAMA 4817 KEENELAND CIRCLE ORLANDO, FL 32819

SUBJECT: THE WOODY BRAND LLC

Ref. Number: L16000150670

We have received your document for THE WOODY BRAND LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 5(b) has not been completed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris Regulatory Specialist II

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Letter Number: 117A00023333



September 19, 2017

THE WOODY BRAND LLC 4817 KEENELAND CIRCLE ORLANDO, FL 32819

SUBJECT: THE WOODY BRAND LLC

Ref. Number: L16000150670

We have received your document for THE WOODY BRAND LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 917A00019041

Jenna D Harris Regulatory Specialist II

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## 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

| 1. Name of the limited liability company: The Woods  | , Briand   |
|--|--|
| 2 (a) 4817 15 cenelary and (b)   | '  |
|  | Aailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |
| Orlando, F1 32819  |  |
| <del></del>  |  |
|  | 600150670  |
| 3. Date of filing/registration in Florida 4.   | Document number  |
| 5. (a) COMCZ, Alberto A  |  |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State  | ::   |
|  | 26   |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   | ======================================   |
| 744 Red hover 2N   |  |
| <u>Oviedo</u> 171 32765  | ė, ir darininininininininininininininininininin  |
| (b) <u>Guillermo</u> FANIA   |  |
| (b) (OC) ITCYCVNQ F/17977  Enter name of NEW Registered Agent and/or NEW Registered Office address:  | ·  |
|  | نت   |
|  |  |
| NEW Registered Office Address:   |  |
| 4817 Keeneland and   |  |
|  | ,  |
| <u> oalmoo</u> .fl 32819   |  |
| If the limited liability company is not organized under the laws of the State of Flo   |  |
| the change or changes are made, the Florida street address of the registered office agent will be identical. Or, juste case of a Florida limited liability company, it is  |  |
| was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability con  | y company or as otherwise provided in  |
| With articles of digardation of the operating agreement of the infinited hability con  | 2. W. seas FANT.   |
| Signature of a number or authorized representative of a member   | Printed or typed name of signee  |
| I berehy accept the appointment as registered agent and agree to act in this cape positions of all statutes relative to the proper and complete performance of my the obligations of my position as registered agent as provided for in Chapter 605 to merely deflect a change in the registered office address, I hereby confirm that notified in writing of this change. | acity. I further agree to comply with the<br>duties, and I am familiar with and accept<br>. F.S. Or, if this document is being filed<br>the limited liability company has been |
| Signostry of Registered Agent  |  |
| Specific of registred registre   | PI 22114   |