## L16000183974

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	1
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wether	port LLC
1	lame 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:
Name of Person	(Sregono Ir.
Wetherpart Firm/Company	
3718 Diane Dr	N.C.
Address  Portan Beau  City/State and Zip Cod	h FL 33+35
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
John J. Di Gregorio Jr.	at (561) 400-8771
Name of Person	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
INHS18 (2/14)	

## 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. Name of the limited liability company: 2. (a) (b) Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. filing/registration in Florida Document number 5. (a) FILED HILL: 37 Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: ane **NEW** Registered Office Address: 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 lilorida limited liability company, it is hereby confirmed that the change(s) was/were authofized 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 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 chapter of the registered office address, I hereby confirm that the limited liability company has been

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

writing of this

Signature of Registered Agen