L16000191269

(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:								
<u> </u>								

Office Use Only



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10/16/18--01050--021 **35.00

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October 26, 2018

Cass Paul Anderson The Daily Want, LLC 4244 Adelaar Dr. Sarasota, FL 34240

SUBJECT: THE DAILY WANT, LLC

Ref. Number: L16000191269

We have received your document for THE DAILY WANT, 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 limited liability company. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 318A00022102

Lyn Shoffstall Bureau Chief

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations						
SUBJECT: The Dail	14 Want, LLC 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 n	natter to the following:					
Cass Anderson	<u></u>					
The Daily West, LLC Firm/Company						
4244 Adelaar Drive Address						
Scroscia, FC 342 City/State and Zip Code	240					
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, ple	ease call:					
Cass Paul A Werson Name of Person	at (941) 400-7683 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:						
S25 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.	Na	me of the limited liability company: The	Dai	14 L	Vant, LL	C		
2.	(a)	4244 Adelaar Dr			4244 A	lelaa		
		Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)			Mailing address o (Note: MAY B			
		Sorasota, FL 34240	_		Saras	ola,	<u> </u>	34240
			_					
			_		1/0/2001011	040		
_		10/17/2016		L	16000191			<u>-</u>
3.		Date of filing/registration in Florida	4.		Document nu	mber		
5.	(a)	United States Corporation /						
		Registered Agent and Registered Office shown on the records of th	ie Florida l	Dept. of S	State:			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDDECC					
		13302 Winding Oak Court,				ĭ, Z	8102	
		Tampa, FL	336	5/2_	_		7018 NOV	
	(b)	Cass Paul Anderson				HAS	15	lisana Germa
	• ,	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:		SSEE,	A	î FJ
		A 4244 Adelan Drive				SIATE	9: 34	
		NEW Registered Office Address:				·	-	
		4244 Adelaar Driv	'e					
		Sarasota .FL	34	246)			
the age wa	e cha ent w is/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t zill be identical. Or, in the case of a Florida limited liab- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility cor `the limi	ered off npany, i ted liabi ability c	fice and the busir it is hereby confi- ility company or company.	ness offic rmed that as otherw	e of the crise pr	ne registered hange(s)
	Signat	ure of a member or authorized representative of a member			OSS Paul A	name of si	<u>ance</u>	
11	herel	ov accept the appointment as registered agent and agre	e to act :	in this c	anacity. I furthe	r agree w	o com	ply with the
pro the to	ovisi r obl mere	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	performa for in C ereby co.	nce of n hapter (nfirm th	ny duties, and I a 605, F.S. Or, if to at the limited lia	m familia his docum bility con	ir with tent is upany	and accept being filed has been

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

Signature of Registered Agent