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FILE D 17 JUL -5 PH 12: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. SCOTT JUL 7 2017

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations
SUBJECT: 205 Wyno + Court 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:
Joen T Ashton Name of Person
705 Waymont Court, LLC Firm/Company
2001 Alaqua Lakes Blud. Address
Longwood, FL 32779 City/State and Zip Code
jashton 1 @ gmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Teff Ashfon at (407) 416-9402 Name of Person Area Code & Daytime Telephone Number 33
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 \$\Bigcup \$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	une of the limited liability company: 205 Wymon + Cart, LLC
2. (a)	2001 Alaqua Lakes Blud (b) 2001 Alaqua Lakes Blue Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Longwood, FL 32779 2001 Alaque Lakes Blue
	2/6/17 6170000 28759
3.	Date of filing/registration in Florida 4. Document number
5. (a)	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	3353 Ockmont Terrice
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Longwood, FL 32779
(b)	(S (me)
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	2001 Alaque Lakes Blud. Est
	NEW Registered Office Address:
	Long wood ,FL 32779
If the l	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	ange or changes are made, the Florida street address of the registered office and the business office of the registered
agent was/wg	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
the arti	
Signa	ture of a member of authorized representative of a member Teffvey A Ash tou. Printed or typed name of signee
	7.
provisi the obl to mer notifie	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.
Sicker	TOUR ANTON
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