

L17000034618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

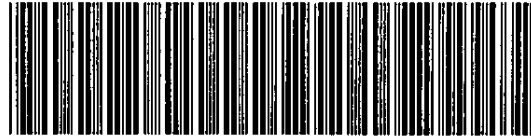
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600305007836

11/13/17--01028--028 **50.00

FILED
17 NOV 13 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wash N Dry 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:

Chris Williams
Name of Person

The Mello Group
Firm/Company

3470 E Coast Ave #708
Address

Miami FL 33137
City/State and Zip Code

the mello group inc @ gmail. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Williams at (305) 458 2840
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

**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. Name of the limited liability company: Wash N Dry LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

6487 Stirling Rd
Davie FL 33314

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

6487 Stirling Rd
Davie FL 33314

2/13/2017

LI7000034618

3. Date of filing/registration in Florida

4. Document number

5. (a) Office Solutions LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7950 NW 53rd St #337
Miami, FL 33164

(b) Registered ~~Agent~~ Agents Inc

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

3030 N. Rocky Point Dr
Tampa, FL 33607

17 NOV 13 AM 7:21
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized 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.

The Mello Group Inc by Chris Williams
Signature of a member or authorized representative of a member

The Mello Group Inc by Chris Williams
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, I hereby confirm that the limited liability company has been notified in writing of this change.

Drew Hanna
Signature of Registered Agent