

21700006510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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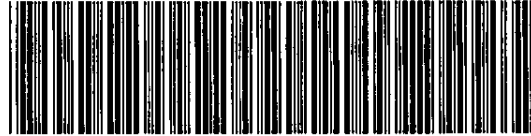
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

O SIMMONS  
MAR 13 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WeEvolve Support Services 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:

Jennifer Bouzard  
Name of Person

WeEvolve Support Services LLC  
Firm/Company

4500 Ring Neck Road  
Address

Orlando FL, 32808  
City/State and Zip Code

Weevolve.services@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Bouzard at (850) 602-6237  
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