117000093712

(Requestor's Name)	-
(Address)	
(A ddassa)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Dusiness Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
=	

Office Use Only



300328406023

O5/03/19--01014--015 ++25.00

FILED 2019 HAY -3 PH 3: 29

T GLASS

COVER LETTER

	: Registration Section Division of Corporations		Í	. •		
SUBJEC	World Changers Bookkeep	ing LLC				
SOBJEC	-1 	ne of Limite	d Liability Company			
Dear Sir	or Madam:					
The enclo	osed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.			
Please ret	turn all correspondence concerning th	is matter to	the following:			
Erick Ve	enden					
	Name of Person					
World C	Changers Bookkeeping LLC			:	20	
	Firm/Company	<u>.</u>	-1		19 MÁ	
12129 5	Streambed Dr			투팅 목목	019 MAY -3	
	Address				P#	0.0
Rivervie	ew, Fl 33579				3: 29	
	City/State and Zip Code		 		T)	
erickver	nden3@gmail.com					
E-m	ail address: (to be used for future ann	nual report n	otification)			
For furthe	er information concerning this matter	, please call:				
Erick Ve	enden	813	438-2162			
	Name of Person		Area Code & Daytime Teleph	none Number		
R D C 20	TREET/COURIER ADDRESS: Legistration Section Division of Corporations Clifton Building 661 Executive Center Circle allahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

☑ \$25 Filing Fee

Enclosed is a check for the following amount:

☐ \$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

	Streambed Dr.		(b))	treambed Dr.	· · · · · · · · · · · · · · · · · · ·
P	rincipal office address of limited liability co (Note: MUST BE STREET ADDRES.	• •		M	failing address of limite (Note: MAY BE POS	
River	view, FL 33579			Riverviev	v, FL 33579	
		 				
	Date of filing/registration in Florid	a 4	١		Document number	
United	States Corporation Agents, Ir	nc.				
	d Agent and Registered Office shown on the	records of the FI	lorida	Dept. of State	:	
13302	Winding Oak Court					
Register	ed Office Address (MUST BE FLORIDA	STREET ADDI	RESS)	<u>. </u>		
Registere	ed Office Address (MUST BE FLORIDA	STREET ADDI		<u> </u>		2019 HA
Tamp	ed Office Address (MUST BE FLORIDA	335		<u> </u>		2019 MAY -3
Tamp Erick \	ed Office Address (MUST BE FLORIDA	, FL_335	579			
Tamp Erick \ Enter name	a d Office Address (MUST BE FLORIDA)	, FL_335	579			AND FILED -3 PH 3:
Tamp Erick \ Enter nan	ed Office Address (MUST BE FLORIDA a /enden ne of NEW Registered Agent and/or NEW	, FL_335	579			AND FILED

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.

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized representative of a member