

L17000150339

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : I20160200067  
Phone : (407)378-3686  
Fax Number : (407)378-3120

2018 DEC 20 AM 10:56  
TALLAHASSEE, FL

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: consulting@larsenacc.com

LLC REGISTERED AGENT CHANGE  
WISE HOUSE SOLUTIONS LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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DEC 21

S. PRATHER

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Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WISE HOUSE SOLUTIONS 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:

CAROLINE LARSON

Name of Person

LARSON ACCOUNTING GROUP

Firm/Company

7901 KINGSPONTE PKWY, SUITE 17

Address

ORLANDO, FL 32819

City/State and Zip Code

consulting@larsonacc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUNO FERNANDES PEDROSA

at ( 407 ) 370-3686

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: WISE HOUSE SOLUTIONS LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

13242 CHARFIELD ST  
WINDERMERE, FL 34786

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

13242 CHARFIELD ST  
WINDERMERE, FL 34786

07/12/2017

3. Date of filing/registration in Florida

L17000150339

4. Document number

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

FERNANDES PEDROSA, BRUNO

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

15678 CITRUS HEIGHTS DRIVE

WINTER GARDEN, FL 34787

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

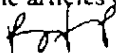
LARSON ACCOUNTING GROUP

NEW Registered Office Address:

7901 KINGSPORTE PKWY, SUITE 17

ORLANDO, FL 32819

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.

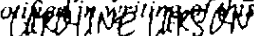


Signature of a member or authorized representative of a member

BRUNO FERNANDES PEDROSA

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.*



Signature of Registered Agent

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Page: 4 12/19/2018 02:05 PM TO:18506176383 FROM:5615375904  
850-617-6381 11/30/2018 3:34:09 PM PAGE 1/001 Fax Server



November 30, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

WISE HOUSE SOLUTIONS LLC  
15678 CITRUS HEIGHTS DRIVE  
WINTER GARDEN, FL 34787US

SUBJECT: WISE HOUSE SOLUTIONS LLC  
REF: L17000150339

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt  
Regulatory Specialist III

FAX Aud. #: H18000231071  
Letter Number: 518A00024528

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