

Lin 000184425

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : WENDY SARTORY LINK, PLLC
Account Number : 110435002274
Phone : (561)838-4100
Fax Number : (561)838-5305

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

Email Address: WENDY@WSLCOUNSEL.COM

LLC REGISTERED AGENT CHANGE
WENDY SARTORY LINK, PLLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WENDY SARTORY LINK, PLLC

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:

Wendy Sartory Link, Esq.

Name of Person

Wendy Sartory Link, PLLC

Firm/Company

1509 North Military Trail, Suite 220

Address

West Palm Beach, FL 33409

City/State and Zip Code

wendy@wslcounsel.com

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

For further information concerning this matter, please call:

Wendy Sartory Link

at (561)

408-6162

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

INHS18 (2/14)

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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: WENDY SARTORY LINK, PLLC

2. (a) _____	(b) _____
Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>)
<u>1509 North Military Trail, Suite 220</u>	<u>1509 North Military Trail, Suite 220</u>
<u>West Palm Beach, FL 33409</u>	<u>West Palm Beach, FL 33409</u>
<u>08/29/2017</u>	<u>L17000184425</u>

3. Date of filing/registration in Florida 4. Document number

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

777 South Flagler Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 800 East

West Palm Beach, FL 33401

(b) Wendy S. Link

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

1509 North Military Trail

NEW Registered Office Address:

Suite 220

West Palm Beach, FL 33409

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.

Wendy S. Link
Signature of a member or authorized representative of a member

Wendy S. Link

Printed or typed name of signer

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.

Wendy S. Link
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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