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COVER LETTER

Division of Corporations	
SUBJECT: WGK ENTE	RPRISES, LLC
Na	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
ALICIA KURVIN Name of Person	
Firm/Company	<u> </u>
#18 41415 TAMIMMI TR	ALL
SARASOTA FL 34231 City/State and Zip Code	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter	r, please call:
ALICIA KURVIN	at (941) S39 - 1443 Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Pelephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassec, Florida 32314
Enclosed is a check for the followin	g 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.

I. Na	me of the limited liability company: WGK E	NTERPR	ISES, LL	.C	
	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	(b) <u>a SS</u>	3 BRITA failing address of limit (Note: MAY BE PO	ted liability compan	ıy:
	SARIASOTA, FZ, 34231	SARA	ISOTA, FI	_ 3423	L
	09/01/2017		001878		
3. 5. (a)	Date of filing/registration in Florida All (A V V) Registered Agent and Registered Office shown on the records of the		Document number	r	
	2553 Britannia Rd Registered Office Address (MUST BE FLORIDA STREET A)			2918	
	Sarasota, FL 34231			JUN I I	; [T
(b)	Enter name of NEW Registered Agent and/or NEW Registered C			AM 8: 12 DI STATE ELFLORIDA	٠ ر
	HIB 4141S TAMIAMI T NEW Registered Office Address:	KMIL			
	SARRASOTA, FIL	34231			
signa I here provisi the oblito meru notified	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability accept the appointment as registered agent and agreeins of all statutes relative to the proper and complete prigations of my position as registered agent as provided all reflect a change in the registered office address, I had in writing of this change.	s of the State of Flo he registered office bility company, it is the limited liability imited liability com	and the business of hereby confirmed company or as of pany. Printed or typed name	office of the reg I that the change therwise provide of signee	eistered e(s) ed in
Signatu	re of Registered Agent				