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2017

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Woodchase Glen LLC				
	Nan	ne of Limited	Liability Company		
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to th	ne following:		
Sam	pita Das				
	Name of Person	•			
Woo	dchase Glen LLC				
	Firm/Company				
1111	6 Blaine Top Place				
	Address				
Tam	oa, FL 33626				
	City/State and Zip Code				
samp	oita_ray@yahoo.com				
E	-mail address: (to be used for future ann	nual report no	tification)		
For fu	rther information concerning this matter,	, please call:			
Sam	oita Das	347	2064502		
	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 Fallahassee, Florida 32314		
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy		
INHSI	8 (2/14)				

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. N	Name of the limited liability company: Woodchase	Glen LLC				
2. (a)	11116 Blaine Top Place, Tampa FL 33626	(b) _	(b) 11116 Blaine Top Place, Tampa FL 33626			
2. (u	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	09/27/2017		17000200			
3.	Date of filing/registration in Florida	4.	E	Document number		
5. (a	Legalinc Corporate Services Inc.			,		
	Registered Agent and Registered Office shown on the records of		•			
5237 Summerlin Commons , Suite 400, Fort Myers 33907						
	Registered Office Address (MUST BE FLORIDA STREET					
	5237 Summerlin Commons , Suite 400			ं ई		
	Fort Myers	33907		13.00		
		<u> </u>		1		
(b	· · · · · · · · · · · · · · · · · · ·			· PA		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	<u>55</u> :			
	11116 Blaine Top Place, Tampa, FL 33626	1		» 5		
	NEW Registered Office Address:					
	11116 Blaine Top Place					
	Tampa, FI	33626				
the cl agent was/\(\) the ar Sign I her provi the one	limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the limited of a member or authorized representative of a member received accept the appointment as registered agent and ages ions of all statutes relative to the proper and complete bligations of my position as registered agent as provide the profession of this change in the registered office address. It is a first provided in writing of this change.	f the registe iability com of the limited limited lial SAMI	red office appany, it is led liability bility comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. S Printed or typed name of signce		
Signa	ture of Registered Agent					