

217000 232856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

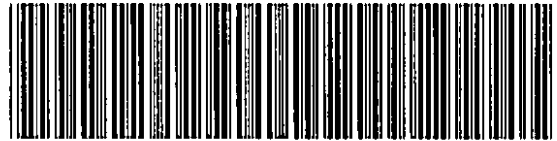
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ellen Wilds, Florida's Voice 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:

Ellen Wilds

Name of Person

Ellen Wilds, Florida's Voice LLC

Firm/Company

10448 Reagans Run Drive

Address

Clermont, Florida 34711

City/State and Zip Code

ellenswild@gmail.com

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TALLAHASSEE, FLORIDA

**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: Ellen Wilds, Florida's Voice LLC

2. (a) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

10448 Reagans Run Drive

Clermont, FL 34711

(b) _____

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

11/10/2017

L17000232856

3. _____
Date of filing/registration in Florida

4. _____
Document number

5. (a) Kyle Lavender

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Legalinc Corporate Services Inc

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5237 Summerlin Commons Suite 400

Ft Myers, FL 33907

(b) Ellen Wilds

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

NEW Registered Office Address:

10448 Reagans Run Drive

Clermont, FL 34711

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.

Ellen Wilds

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

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

FILED
18 DEC -3 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA