47000254464

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

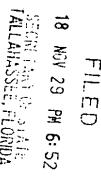
Office Use Only



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DEC 04 2018 S. YOUNG



COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|-----------|--------------|------|
| SUBJECT: CW1 Management 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: | | | |
| Ashid Weiler Name of Person | | | |
| CWI Management, LLC Firm/Company | 18 TAL | - | |
| 116 Clearlake DV Address | in Tawi | NOV 29 | FILE |
| Ponte Vedra Beach, F1 32082— City/State and Zip Code | FLORIDA | PM 6: 52 | Ö |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Area Code & Daytime Telephone | e 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 | | | |
| INHS18 (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. Na | ame of the limited liability company: |
|--|--|
| 2. (a) | Astrid Weiker (b) Astrid Weiker |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BON) |
| | 111 Classición De |
| | 116 Cleariane Dr. 116 Cleariane Dr. |
| | Ponte Vedra Beach, + 1 300k2 Ponte Vedra Beach, +1. |
| | 12/13/2017 17000254464 |
| 3. | Date of filing/registration in Florida 4. Document number |
| 5. (a) | Registered Agent and Registered Office shown on the records of the Elorida Dept. of State. |
| | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | 13302 Winding Court 5 T |
| | Tampa J. Fl. 336/2 |
| (h) | Actord Weiler |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | CW1 Management LLC |
| | NEW Registered Office Address: |
| | Ilb Clear (ake Dr |
| | Ponte Vadra Baad 1. 32082 |
| the cha agent v was/we | imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company. |
| Signa | ture of a member or authorized representative of a member Printed or typed name of signee |
| I here provisi the obi to mer notified | by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change in the confirmal acceptance of the conf |
| | |