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COVER LETTER

SUBJECT: PWTA, 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:
PAUL D. WALKER Name of Person
PWTA, LLC Firm/Company
77290 Millbrook Oaks Dr Address
Lekeland FL 33813 City/State and Zip Code
M: Walk 2 C Acc. (om / E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PAUL D. WALKER at (863) 670 -6480 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section

Enclosed is a check for the following amount:

\$25 Filing Fee

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section Division of Corporations

□ \$55 Filing Fee & Certified Copy

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

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	me of the limited liability company: PWTA, LLC	
2. (a)	7290 M. Worook Oaks Or (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	SAME Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Lakeland, FL 33813	
	April 01 7019 4/25/2018 L1	3000101702
3.		
5. (a)	Onited States Corporation Agents, Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State	::
	13302 () inding Oak CT	
	Registered Office Address (MUST BE-FLORIDA STREET ADDRESS)	
	Suite A	201 SE
	Svite A Tampa, FL 33612 FL	ZOII9 APR SECRETA
		'
(b)	Finter name of NEW Registered Agent and/or NEW Registered Office address:	
	Enter name of NEW Registered Agent and/or NEW Registered Office address.	
	7790 Willbrook Oaks Dr): 53
	NEW Registered Office Address:	m ω
	Lakeland ,FL 33813	-
the cha agent was/we the arti	imited liability company is not organized under the laws of the State of Flange or changes are made, the Florida street address of the registered officivill be identical. Or, in the case of a Florida limited liability company, it is creating authorized by an affirmative vote of the members of the limited liability color of organization or the operating agreement of the limited liability confuse of a member or authorized representative of a member	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
provisi the obl	by accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 60. By reflect a change in the registered office address, I hereby confirm that I in writing of this change.	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent