

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



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|---|--|---|--|--|--|--|
| SUBJE | Wardwell Properties LLC | Wardwell Properties LLC | | | | |
| | | Limited Liability Company | | | | |
| Dear S | ir or Madam: | | | | | |
| The en | closed Registered Agent/Registered Office C | hange and fee(s) are submitted for filing. | | | | |
| Please | return all correspondence concerning this ma | tter to the following: | | | | |
| Antho | ony A Wardwell | | | | | |
| | Name of Person | | | | | |
| Ward | well Properties LLC | | | | | |
| | Firm/Company | | | | | |
| 407 S | Shenandoah Drive | | | | | |
| | Address | | | | | |
| Gulf E | Breeze, FL 32561 | | | | | |
| | City/State and Zip Code | | | | | |
| tonyw | ardwell@gmail.com | | | | | |
| E | -mail address: (to be used for future annual re | eport notification) | | | | |
| For fur | ther information concerning this matter, pleas | se call: | | | | |
| Antho | ny Wardwell | 9075295343 | | | | |
| | 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 Tallahassee, Florida 32314 | | | | |
| Enclosed is a check for the following amount: | | | | | | |
| | \$25 Filing Fee | \$55 Filing Fee & Certified Copy | | | | |
| INHS18 | 3 (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 | ame of the limited liability company: Wardwell Pro | perties | LLC | | |
|--|---|--|---|---|--|
| 2. (a) | | | | | |
| , , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ ` | N | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 407 Shenandoah Drive | | 407 Sher | nandoah Drive | |
| | Gulf Breeze, FL 32561 | | Gulf Breeze, FL 32561 | | |
| | 6/27/18 | | L1800015 | 8084 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | | | | | |
| J. (a. | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of State | : | |
| | United States Corporation Agents, Inc. | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS | 2 | | |
| | 3302 Winding Oak Court A | | | | |
| | Tampa | 32561 | | TAI SE | |
| | , FL | <u> </u> | | CREE & T | |
| (b) | | | | FILE! JUL 12 LAHASSEE | |
| | Enter name of NEW Registered Agent and/or NEW Registered | l Office ad | dress: | SEE 2 E | |
| | Anthony A Wardwell | | | FILED B JUL 12 M 10 22 SECRETARY OF STATE ALLAHASSEE, FLORIDA | |
| | NEW Registered Office Address: | | | 22 TE NDA | |
| | 407 Shenandoah Drive | | | ,- | |
| | Oulf Brooms | 00504 | - | | |
| | Gulf Breeze , FL | 32561 | | | |
| the ch agent was/w the ar Sign: I here provis the ob to men notifie | limited liability company is not organized under the lar ange 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 of the organization or the operating agreement of the large of a member of authorized representative of a member or authorized representative of a member appropriate and agricultures of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. It is a first ing of this change. | f the regis ability co of the lim limited l | stered office ompany, it is ited liability com lability com | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. OU WARDUE U Printed or typed hame of signee | |

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