## L18000171779

(Re	questor's Name)	<del></del>	
(Ad	dress)		
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(Cit	y/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

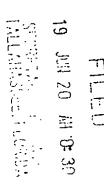
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JUL 0 1 2019 S. YOUNG



## COVER LETTER

то:	Registration Section Division of Corporations			
	Wesley Samson LLC			
SUBJ	ECT:Nai	me of Limited	Liability Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Of	Tice Change ar	ad feets) are submitted for filing	
		_	·	
ricase	return all correspondence concerning the	ns matter to th	e following.	
Wes	ley Samson			
	. Name of Person			
Wes	ley Samson LLC			
	Firm/Company			
PO E	3ox 1586			
	Address	•••	_ <del></del>	
Lake	eland FL 33802			
	City/State and Zip Code			
wesl	ey.samson@gmail.com			
<u>_</u>	E-mail address: (to be used for future an	nual report not	iification)	
For fu	rther information concerning this matter	, please call:		
Wes	ley Samson	863	398-7690	
		at (		
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MAILING ADDRESS:	
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	]	fallahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	☑ \$25 Filing Fee		\$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.

I Ma	Wesley Sams me of the limited liability company:	son		
1. Na 2. (a)	Wesley Samson LLC	(b)	Wesley Samson LLC	
- (w) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  2925 Blackwater Creek Dr	_ ("/	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  PO Box 1586	
	Lakeland FL 33810	_	Lakeland FL 33802	
	July 17, 2018		L18000171779	
3. 5. (a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS	4. 3, INC	Document number	
. (,	Registered Agent and Registered Office shown on the records of the UNITED STATES CORPORATION AGENTS		<b>9</b>	
	Registered Office Address (MUST BE FLORIDA STREET A 13302 WINDING OAK COURT	DDRESS)	3 20 M	:
	Tampa . FL	33612	20 M & 31	j
(b)	Wesley Samson			
(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office add		
	Wesley Samson			
	NEW Registered Office Address: 2925 Blackwater Creek Dr			
	Lakeland , FL_	33810	0	
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the limited liable.	the regist bility con f the limi limited li	istered office and the business office of the regist ompany, it is hereby confirmed that the change(s nited liability company or as otherwise provided	ered )
Signat	ure of a member or authorized rento entative of a member		Printed or typed name of signee	
provisie the obli to mere	ov accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change	performa I for in C	rance of my duties, and I am familiar with and ac Chapter 605, F.S. Or, if this document is being f	cept iled
Signator	re of Begintered-Agent			