## 118000230143

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Z	lip/Phone #)				
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(Business E	intity Name)				
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations								
SUBJECT: WALDE C EASTSIDE, LL	.C							
	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 r	natter to the following:							
MICHAEL KEVEEN ADAMER								
MICHAEL KEYERN ADAMEK Name of Person	<del></del>							
WALDEC FRANCHISES, LCC Firm/Company								
1 mile Company								
2705 W. HURATIO ST. UNIT	2							
Address								
TAMPA, FL 33609								
City/State and Zip Code								
KOURRN @ walder com								
E-mail address: (to be used for future annual	report notification)							
For further information concerning this matter, ple	ease call:							
M. Keyern ADAMEK	at ( 412 ) 860-5689							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
Registration Section	Registration Section							
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327							
2661 Executive Center Circle	Tallahassee, Florida 32314							
Tallahassee, Florida 32301	Tundykovec, Florida 323 F							
Enclosed is a check for the following ar	mount:							
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy							
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.

L. Na	me of the limited liability company: WALDEC F	ASTSIDE,	LLC					
2. (a)	000-	(b)		05 W. Hoe	ATES S	۲.		
z. (u) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	UNIT Z		Un	TIMU Z				
	TAMPA, FL 33609		TAMPA, FL 33609					
	09-28-2018		L 18000230743					
3.	Date of filing/registration in Florida	4.		Document number	er			
5. (a)	HUNIER BUSINESS LAW							
(/	Registered Agent and Registered Office shown on the records of the	he Florida Do	pt. of State	:				
	(19 S. DAKOTA AVE.							
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)						
	TAMPA, FL 33606					~		
	, FL_				T.::	2019 SEP	-11	
(b)	WALDEC CONSULTING, LLC					1 <del>P</del> 13	m	
	Enter name of NEW Registered Agent and/or NEW Registered (	Office addre	<u>55</u> :				П	
	2705 W. HORATIO ST.					13 AM 11: 17	O	
	NEW Registered Office Address:					1		
	UNIT 2				-			
	TAMPA, FL 33609 FL							
the cha agent w was/we the arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	the registe bility com f the limite	red office pany, it is ed liability pility com	and the business hereby confirmed company or as o	s office of ed that the otherwise	f the re- e chang provid	gistered e(s) led in	
Signat	ure of a member of authorized representative of a member			Printed or typed nar	me of signe	c		
provisi the obli to merc notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. In a friting of this change.	ee to act in performan I for in Ch iereby conj	this capa ve of my a upter 605 urm that t	icity. I further as luties, and I am f , F.S. Or, if this i the limited liabili	gree to co amiliar w documen ty compa	omply with and t is heit ny has	vith the Laccept ng filed been	