## 118000 230 769

(Requestor's Name)						
(Address)						
, ,						
2.11						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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2019 SEP 13 AH11: 27

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## **COVER LETTER**

	Registration Section Division of Corporations						
SUBJEC	T: WALDEC	RP6.	Name of Limited Liability Company				
	·	,	Name of Limited Liability Company				
Dear Sir	or Madam:						
The enclo	osed Registered Agent/R	legistere	d Office Change and fee(s) are submitted for filing.				
Please re	turn all correspondence	concerni	ing this matter to the following:				
<u>[</u> ]	ALCHAEL KEYE Name of	RN 7	ADAMEK				
	WALDEC FRAG Firm/Co	VCH15 mpany	es, llc				
	Addres	SS	St. UNIT Z				
	TAMPA, F	L 3	33609 ode				
	City/State ar	nd Zip Co	ode				
——————————————————————————————————————	Keyerna W	for futur	re annual report notification)				
For furth	er information concerni	ng this m	natter, please call:				
K	EYERN ADAMER Name of Person	<u> </u>	at ( 412 ) 860 - 5689 Area Code & Daytime Telephone Number				
F 1 (	STREET/COURIER A Registration Section Division of Corporations Elifton Building 2661 Executive Center C Fallahassee, Florida 323	Circle	S: 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 (	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. Name	of the limited liability company: WALDEC	PPG,	LLC		
2. (a)	2705 W. HORATIO ST.		2705 W	. HORATIO	ST.
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (")-	Mailing address of	of limited liability coi BE POST OFFICE I	
	UNIT Z	_	UNIT Z		
_	TAMPA, FL 33609		TAMOA, [	FL 33609	
	09-28-2018		L18000230	769	
3.	Date of filing/registration in Florida	4.	Document nu		
5. (a)	HUNTER BUSINESS LAW				
	sistered Agent and Registered Office shown on the records of the	he Florida D	ept. of State:		
	119 S. DAKOTA AVENUE				
Re	gistered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>		
	TAMPA, FL 33606				
	, FL				
(b)	WALDEC CONSULTING, LLC	<del></del>	701	3	
Ent	er name of NEW Registered Agent and/or NEW Registered (	Office addre	255:	2019 SEP	· ——
	2705 W. HURATIO ST.			- <del> </del>	
NE NE	W Registered Office Address:			-	
	UNIT 2				
	TAMPA, FL 3369, FL			AM 11: 27	
the change agent will was/were at the articles.  Signature  I hereby a provisions the obligation merely of the change agent will be agent agent and the control of the change agent	ted liability company is not organized under the law or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of sof organization or the operating agreement of the law of a member or authorized representative of a member accept the appointment as registered agent and agree tions of my position as registered agent as provided reflect a change in the registered office address, I have the frequency of this change.	the registe bility com f the limited lia	red office and the busi pany, it is hereby confed liability company or bility company.  Mc KEYERN  Printed or type  a this capacity. I further	ASAME Ked name of signee	e registered ange(s) ovided in