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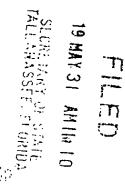
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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AN 18 2019 TEDANIEDER

COVER LETTER

TO: Registration Section Division of Corporations							
WJS VACATIONS LLC							
SUBJECT: Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to the following:						
ERWIN ELLER							
Name of Person	······································						
AC GLOBAL PROPERTY MANAGEMEN	NT						
Firm/Company							
4419 DEL PRADO BLVD S, SUITE 1							
Address							
CAPE CORAL, FL 33904							
City/State and Zip Code							
OFFICE@ACGLOBALPM.COM							
E-mail address: (to be used for future annu	al report notification)						
For further information concerning this matter, p	please call:						
ERWIN ELLER	239 244-7274						
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 a	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

1. N	ame of the limited liability company:			
2. (a)		. (t	o)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	528 SE 20TH PL		5109 DE	L PRADO BLVD S,
	CAPE CORAL, FL 33904		CAPE C	ORAL, FL 33904
	04/03/2019		L1900009	92400
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of VIOLA COLLINS Registered Office Address (MUST BE FLORIDA STREET)			- v: -
	5109 DEL PRADO BLVD. S		·	-
	CAPE CORAL , F	_L 33904		FALL SE
				CORE TO
(b)	Enter name of NEW Registered Agent and/or NEW Registere		dress:	TICRETARY CAHASSE
	and of the state o			
	ERWIN ELLER			
	NEW Registered Office Address:			07
	4419 DEL PRADO BLVD S, SUITE 1			- BA O
	CAPE CORAL	.L_33904		-•·
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the directs are several authorized representative of a member	of the regi liability co s of the lin ne limited	stered office ompany, it is nited liability liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
I hereby accept the appaintment as registered agent and garee to act in this capacity. I further agree to comply with the				
provis the ob to mer notifie	ions of full statutes relative to the profer and complet ligations of my position as registered by the sprovide selv reflect a change in the registered office address, a in writing of this change.	te perform ted for in (I hereby c	iance of my i Chapter 605 onfirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	Division of Corporations P.O.	. Box 652	/• Tallahas	ssee, rl 32314

FILING FEE: \$25.00