

L190000 92400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 18 2019
TECHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WJS VACATIONS LLC

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 matter to the following:

ERWIN ELLER

Name of Person

AC GLOBAL PROPERTY MANAGEMENT

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 annual report notification)

For further information concerning this matter, please call:

ERWIN ELLER

at (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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: WJS VACATIONS LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

528 SE 20TH PL
CAPE CORAL, FL 33904

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

5109 DEL PRADO BLVD S,
CAPE CORAL, FL 33904

3. 04/03/2019 Date of filing/registration in Florida

4. L19000092400 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
VIOLA COLLINS

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5109 DEL PRADO BLVD. S
CAPE CORAL, FL 33904

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

ERWIN ELLER

NEW Registered Office Address:
4419 DEL PRADO BLVD S, SUITE 1

CAPE CORAL, FL 33904

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

WOLFGANG LORBETZKI, SABINE LORBETZ

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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TALLAHASSEE, FLORIDA