L19000170112

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

	gistration Section vision of Corporations			
SUBJECT	WLD & Associates			
SUBJECT		me of Limited	Liability Company	
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered Of	fice Change an	nd fee(s) are submitted for filing.	
Please retur	n all correspondence concerning ti	nis matter to th	e following:	
Julie Davids	on			
	Name of Person			
WLD & Ass	ociates			
	Firm/Company			
1806 Kingsla	ake Blvd Unit 104			
	Address			
Naples, FL 3	4112			
	City/State and Zip Code			
jadavidson50)@gn≀ail.com			
E-mai	address: (to be used for future and	nual report not	ification)	
For further i	information concerning this matter	, please call:		
Julie Davidso	on	239 at (300-1176	
	Name of Person		Area Code & Daytime Telephone Number	
Reg Div P.O	iling Address: cistration Section ision of Corporations . Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303	
Enc	losed 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. N	ame of the limited liability company: WLD & Associate	es			
2. (a)	1383 Linwood Dr	(b) 1383 Linw			vood Dr
2 . (2)	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)
	Holland, MI			Holland M	1
	49424	_	-	19424	
	07/12/2019		L	190001701	12
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	Gail Davidson Bitzer				
J. (L)	Registered Agent and Registered Office shown on the records of	the Flor	ida D	ept. of State	- B:
	1806 Kingslake Blvd Unit 104, Naples FL 34112				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-
	1806 Kingslake Blvd unit 104				
	Naples	34112			-
	, FL				-
(b)	Julie Davidson				10 2
. ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			2021	
	Julie Davidson				JAH 29
	NEW Registered Office Address:				
	1806 Kingslake Blvd Unit 104, Naples FL 34112				9 R G
		OF STATE			
	Naples, FL	34112			<u></u>
change agent v was/we the arti Signal I herel provisi the oblice to mere notified	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete properties of a change in the registered office address. I have a complete the control of this change.	register bility of the limited	ered compinited d liab	office and pany, it is ad liability com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee