## L20000277508

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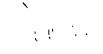
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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WORD SHALES Expo, 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:
Name of Person  WOLU SHARES 3 HOLDAGS TNC,  Firm/Company  4574 11- 322 1
4534 NE SUS ROAD
Address
LECTURED, FC 34785
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (401 ) 285 - 1954  Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

🔁 \$25 Filing Fee

## 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: WSECD SHAKES Expo, LCC
1-101/01/01
(1) (1) (2) (3)
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
CASTELBELLE FL 37.707 (ASSIBILITED 3270)
$\frac{-2\sqrt{322279}}{\sqrt{2}} = \frac{-2\sqrt{322279}}{\sqrt{2}}$
09/04/2020 L2000027750y
3. Date of filing/registration in Florida 4. Document number
5. (a) KESIDENT AGENTS INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4TH ST. N. STE 300
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
ST. KETERSBURG 11 33752
0
(b) KONNELL L. SHOWELL, II
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4534 NF 32NDD 0
NEW Registered Office Address:
34785
- FL 5/18)
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  Signature of a member of a member of signee  Printed or typed name of signee
Signature of a member or authorized representative of a member 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 land agrees.
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 chapter in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this champo
notified in writing of this chamber
Signative of Registered Agent