L210000 63601

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

Office Use Only



600361971216

03/15/21--01017--005 **25.00

FILED
2021 HAR 15 AM 8: 29
SECRETARY OF STATE

.

COVER LETTER

TO: Registration Section Division of Corporations							
Wauldron Group LLC SUBJECT:							
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 i	matter to the following:						
James T Wauldron							
Name of Person							
Wauldron Group LLC							
Firm/Company							
1093 A1A Beach Blvd - Unit 346							
Address							
St. Augustine, FL 32080							
City/State and Zip Code							
Jim@WauldronGroup.com							
E-mail address: (to be used for future annua	I report notification)						
For further information concerning this matter, pl	ease call:						
Jim Wauldron	904 687-5939 at ()						
Name of Person	Area Code & Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following an	nount:						
□ \$25 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. Na	nme of the limited liability company: Wauldron Group	LLC			
2. (a)	Wauldron Group LLC		(b) Wauldron Group LLC		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1093 A1A Beach Blvd Unit 346		1093 A1A	Beach Blvd Unit 346	
	St. Augustine , FL 32080		St. Augustine, FL 32080		
			L210000636	01	
3.	Date of filing/registration in Florida	— 4.	-	Document number	
5. (a)	February 5th, 2021				
J. (a)	Registered Agent and Registered Office shown on the records o	of the Flo	rida Dept. of State	- ::	
	UNITED STATES CORPORATION AGENTS, INC				
	Registered Office Address (MUST BE FLORIDA STREET	[ADDR]	ESS)	2021 TALL	
	5575 S. SEMORAN BLVD.SUITE 36			AR TI	
(b)	ORLANDO . F	L_32822	DDRESS) SECURE IVANIAS SECURE IVANI		
	\ \frac{1}{2}			TO A	
				AH 8: 29 FESTATE FLORIDA	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office	address:	29 316 200	
	Jim Wauldron DAMES WALLDE	لہر			
	NEW Registered Office Address:				
	1093 A1A Beach Blvd Unit 346			_	
	St. Augustine , F	L32080)	_	
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regist liability of the	ered office and company, it is limited liability d liability com	d the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in spany.	
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee	
I here provisi the obl to mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I din writing of this change.	gree to de perfoi led for i hereby	act in this capa mance of my a n Chapter 605, confirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept . F.S. Or, if this document is being filed the limited liability company has been	
Signatu	are of Registered Agent				

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00