Division of Corporations

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To:

Division of Corporations

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From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

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1	Addroce:			

LLC REGISTERED AGENT CHANGE W.E.P. FAB. LLC

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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.

r torida.			•		
1. Nar	ne of the limited liability company: W.E.P. F.	AB. LI	<u>_C</u>		
2. (a)	(a) 7378 W ATLANTIC BLVD		(b) 2681 NE 4TH AVE		
(/ -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	#127				
	MARGATE, FL 33063	<u>F</u>	POMPANO BEACH, FL 33064		
I	02/16/21	L	21000079901		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	LEGALCORP SOLUTIONS, LLC				
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida D	ept. of State:		
	3440 W HOLLYWOOD BLVD.				
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			
	SUITE 415		PAL PAL		
	HOLLYWOOD, FL	33021	2021 JUN -2 SCUATIANT ALLAHASSE		
(b)	Registered Agents Inc.	N-2			
	Enter name of NEW Registered Agent and/or NEW Registered	ess:			
	7901 4th St N		8: 68 Laxib		
	NEW Registered Office Address:)- CO		
	STE 300				
	St. Petersburg, FL	33702			
the charagent was/we the artice Signat I hereby the oblit to mere	mited liability company is not organized under the layinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of cles of organization or the operating agreement of the under the appointment as registered agent and agreement of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I will have a sensitive of this change.	the register ability constituted lia Riley ree to act i performand for in Charles	pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. Park Printed or typed name of signee In this capacity. I further agree to comply with the acce of my duties, and I am familiar with and acceptanter 605. F.S. Or, if this document is being filed		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent