Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_



## LLC REGISTERED AGENT CHANGE WAVE KEY CONTRACTING 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.

1.	Name of the limited liability company: Wave Key Contra	acting LLC			
2. (a		(b)			
	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	06/10/22		000265910		
3.	Date of filing/registration in Florida	4,	Document number		
5. (a	LEGALING CORPORATE SERVICES INC.				
	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.  Registered Office Address (MUST BE FLORIDA STREET)	the Florada Dept	t, of State:		
	JACKSONVILLE	32202	<del></del>		
(b)	Registered Agents Inc				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	7901 4th St N		APPROVED AND FILED FILED FILED SECRETARISES FOR THE PROVED FOR THE		
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg, FI	33702	्रेस <b>८</b> 		
the cl agent was/v the ar	limited liability company is not organized under the lanange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered ability compa of the limited	d office and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.		
Sigi	nature of a member or authorized representative of a member		Printed or typed name of signee		
I her provi the oi to me noti <u>f</u> i	eby accept the appointment as registered agent and agsistors of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. It is writing of this change.  David Roberts - Assistant S	performance d for in Chap hereby confir.	his canacity. I further agget to comply with the		