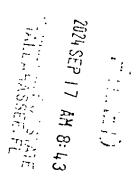


Office Use Only



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09/17/24--01018--010 \*\*25.00



## **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	Webster Settlement Solutions, LLC	94 -		
	Name of Limited Liability Company			
Dear Sir or N	Madam:			
The enclosed	Registered Agent/Registered Of	ffice Change an	d fec(s) are submitted for filing.	
Please return	all correspondence concerning t	his matter to the	e following:	
Samantha We	ebster			
	Name of Person			
Webster Settl	ement Solutions, LLC			
	Firm/Company		<del></del>	
l Radnor Plac	ce			
	Address			
Palm Coast, F	Florida 32164			
	City/State and Zip Code			
samantha@w	ebstersettlements.com			
E-mail	address: (to be used for future an	nual report noti	fication)	
For further in	nformation concerning this matter	r. please call:		
Samantha We	bster	386 at (	872-2996 )	
	Name of Person	\	Area Code & Daytime Telephone Numbe	
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Encl	osed is a check for the followin	g amount:		
<b>≅</b> \$2	25 Filing Fee	<u> </u>	\$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.

Na	me of the limited liability company:Webster Settleme	nt Solutions, LLC		
(a)	Webster Settlements Solutions, LLC	(b) Webster Settlement Solutions, LLC		
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	I Radnor Place	800 Bell	le Terre Parkway, Suite 200 #104	
	Palm Coast, Florida 32164	Palm Co	oast, Florida 32164	
	06/21/2022	1.220002	81082	
	Date of filing/registration in Florida	4.	Document number	
. (a)	Webster, Samantha			
. (ત)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	tale:	
			20	
	Registered Office Address (MUST BE FLORIDA STREET.			
	263 Braeburn Circle		2024 SEP 17	
	Daytona Beach FL	32114		
(b)	Webster, Samantha		AH 8: 43	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	- <del> </del>	
	NEW Registered Office Address:		_	
	1 Radnor Place			
	Palm Coast, FL	32164		
hange gent v vas/w he art Signa	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cless of organization or the operating agreement of the field of a member or authorized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I din writing of this change.	registered office ability company, i of the limited liability commanted liability commanted Western to out in this commanter was to out in this command.	and the business office of the registered t is hereby confirmed that the change(s) ility company or as otherwise provided in ompany.  Obster  Printed or typed name of signee  Apparity - I further wares to comply with the	

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

Signature of Registered Agent