## L99000005989

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SECRETARY OF STATE
ALLAHASSEE, FLORID

J. BRYAN

JUN 17 2011

**EXAMINER** 

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

12.

Pursuant to the provisions of sections 608.416 or 608.508, 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: WFS, LLC	
2. (a) Principal office address of limited liability company	y: 3728 NORTH MAIN STREET
(Note: MUST BE STREET ADDRESS)	GAINESVILLE, FL 32609
(b) Mailing address of limited liability company:	PO BOX 1268
(Note: MAY BE POST OFFICE BOX)	PHENIX CITY, AL 36868-1268
SEPTEMBER 23, 1999	L9900005989
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	PHILLIPS L. HAWLEY
Registered Office Address:	3728 NORTH MAIN STREET GAINESVILLE, FL 32609
•	difficulty 12 32003
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>	W Registered Office address:
NEW Registered Agent:	KIM EDWARDS
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	820 NORTH THISTLE LANE
	MAITLAND ,FL 32751
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization is the case of the
KENNETH L. FUNDERBURK - PRESIDENT	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po. Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties,

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