

L99000008664

Wm Fowhains LLC

Requester's Name

7505 W Sand Lake Rd.

Address

Orlando, FL 32819

City/State/Zip

Phone #

800004340108--4
-05/04/01--01108--004
*****25.00 *****25.00

6/4

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): **MJH**

1. L99-8664
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -4 PM 4:41

FILED

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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

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. The name of the limited liability company is: WM Fountains LLC
2. The mailing address of the limited liability company is: 7505 W Sand Lake Rd
Orlando FL 32819
3. Date of filing/registration in Florida: 12/10/99
4. Document number: L99000008664
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Name
5301 Conroy Rd
Address
Orlando FL 32811
City, State and Zip

6. The name and address of the new registered agent and/or office:

Name
7505 W Sand Lake Rd
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32819
City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN - 4 PM 4: 41

FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Charles Whittall
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314