

m69000003990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

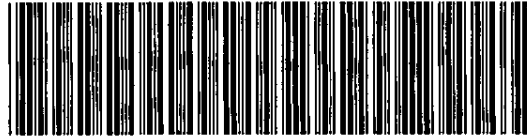
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEVON ORLANDO/WSTC, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Hooper

Name of Person

BishopBeale

Firm/Company

250 North Orange Avenue, Suite 1500

Address

Orlando, FL 32801

City/State and Zip Code

kelly@bishopbeale.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Hooper

Name of Person

at ( 407 )

426-7702

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*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.*

APPROVED  
AND  
FILED

15 FEB -5 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

INHS18 (2/14)