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To:

**Division of Corporations** 

Fax Number : (850)617-6383

From:

Account Name : NORTHWEST REGISTERED AGENT LLC

Account Number: 120090000081 Phone: (509)768-2249 Fax Number: (855)330-1010

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<b>Email Address:</b>			
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## LLC REGISTERED AGENT CHANGE WOOD RESIDENTIAL SERVICES, L.L.C.

Certificate of Status	0		
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Page Count	01		
Estimated Charge	\$25.00		

K.SALY EXAMINER HUN 1 0 2015

## 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.

ı.	Ne	me of the limited liability company: WOOD RESIL	DENT	IAL	SERV	ICES, L.L.C.
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	'	(b) <u>.</u>		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.		12/20/2011  Date of filing/registration in Florida  CORPORATION SERVICE COMPANY	4.	<u>M</u>	110000	06369 Document number
5. (a)	(a)	CORPORATION SERVICE COMPANY  Registered Agent and Registered Office shown on the records of the	- 9:			
		Registered Office Address (MUST BE FLORIDA STREET A		2015 JUN SEURE FALL ARE		
		TALLAHASSEE ,FL 32301-			525	HASSIAR
	(b)	NORTHWEST REGISTERED AGENT LLC				m-c pr
	<b>\</b> -,	Enter name of NEW Registered Agent and/or NEW Registered (	Office a	ddre	īī:	Folkit
		3030 N. ROCKY POINT DRIVE				
		NEW Registered Office Address: STE 150A				
		TAMPA ,FL	3360	7		
the age was	chai nt w /we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility of the lin	ister omp mite	ed office cany, it is d liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
C:	<u>:</u>	ure of a member or authorized representative of a member	Mo	orga	n Nobl	
I he pro the to noting	ereb visio obli pere fied	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.  Tom Glover—Assistant Secretary	e to ac perforn for in ereby c	et in nanc Cha conf	this capa e of my a pter 605 irm that i	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Sign	ıatur	e of Registered Agent				