M14000002522

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000098368 3)))

H14000098368ABCS

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20030000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: WETOGOLLC@GMAIL.COM

LLC REGISTERED AGENT CHANGE
WETOGO LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Harvard Filings Team
DATE	4/29/2014 12:19:37 EDT
RE	WETOGO LLC - attn: Irene Albritton

COVER MESSAGE

Please note there is one small change being made that is the zip code that is currently on file is wrong it should be 33166.

Kim Robbins

Corporate Filing Specialist

Harvard Business Services, Inc.

16192 Coastal Highway

Lewes, DE 19958

1-800-345-2677 customer service

302-645-7400 ext. 6910

302-645-1280 fax

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April 28, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WETOGO LLC
3625 NW 82ND AVE SUITE 316
DORAL, FL 33366

SUBJECT: WETOGO LLC
REF: M14000002522

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

What are your intention in filing this document, the information on the document already reflect our records.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H14000098368
Letter Number: 014A00008965

(((H14000098368 3)))

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.

1. Name of the limited liability company: WETOGO LLC

2. (a) Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*
3625 NW 82ND AVE SUITE 316
DORAL, FL 33166

(b) Mailing address of limited liability company: *(Note: MAY BE POST OFFICE BOX)*
3625 NW 82ND AVE SUITE 316
DORAL, FL 33166

3. Date of filing/registration in Florida: 04/14/2014

4. Document number: M14000002522

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
LORENA SEPULVEDA
Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)*
3625 NW 82ND AVE SUITE 316
DORAL FL 33366

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
LORENA SEPULVEDA
NEW Registered Office Address:
3625 NW 82ND AVE SUITE 316
DORAL FL 33166

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TALLAHASSEE, FLORIDA

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

LORENA SEPULVEDA
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 605, 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
FILING FEE: $25.00

INRS18 (2014)