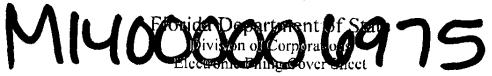
5/8/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001258873)))



H170001258873ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (512)418-6949

Fax Number

(954)208-0845

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

Email	Address.	•	

LLC REGISTERED AGENT CHANGE W-S SPECIALTY SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Heary OS MARRIS

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.

I. Na	me of the limited liability company: W-SSPECIALTYSE	RV	ICESAL	C.	
2. (a)		((b)		
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,	.0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	13667 192ND STREET			13667 192ND STREET	
	COUNCIL BLUFFS, IA 51503		fly:	COUNCIL BLUFFS, IA 51503	
	09/19/2014		M14000		
3.	Date of filing/registration in Florida 4			Document number	
5. (a)	CORPORATIONSERVICECOMPANY				
(b) <u>.</u>	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1201HAYSSTREET			ŽS Ž	
	TAI LAHASSEE , FL 3230	11-2	2525		<i>-</i>
	CTCorporationSystem			SYN - B	
	Enter name of NEW Registered Agent and/or NEW Registered Offic	e ne	ddress:	7 8 8 2 0 8 2	
	NEW Registered Office Address:				
	1200SouthPinelslandRoad			• •	
			By		
	Plantation , FL 333.	24			
the char agent w was/we	mited liability company is not organized under the laws of nge or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of the cles of organization the operating agreement of the limit	regi y ce ! lin ted	istered of ompany, nited fiab liability	ffice and the business office of the registered it is hereby confirmed that the change(s) willty company or as otherwise provided in	. 1
Signat	tire of a member or authorized representative of a member			Printed or typed name of signee	
онувеа	ny accept the appointment as registered agent and agree to this of all statutes relative to the proper and complete performs of my position as registered agent as provided for ly reflect a change in the registered office address, I hereby in writing of this change. The William Assissent full follows:	i ac orm in c by c	et in this nance of . Chapter Confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	
Signatur	e of Registered Agent				

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

INHS18 (2/14)

Ву