

M15000005388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

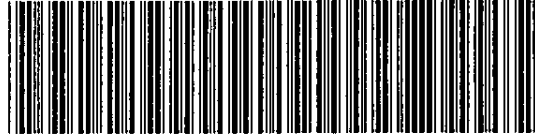
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700288952517

FILED

2016 AUG 12 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2016 AUG 12 AM 8:45

16 AUG 12 AM 10:46

TO AGONY
SUFFICIENCY OF FILING

K. SALLY
EXAMINER
AUG 15

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 252274 4812402

AUTHORIZATION :



COST LIMIT : \$ 25..00

ORDER DATE : August 11, 2016

ORDER TIME : 9:55 AM

ORDER NO. : 252274-005

CUSTOMER NO: 4812402

CHANGE OF AGENT

NAME: WESCO FOUNTAINS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wesco Foundations 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:

Kevin Murdock

Name of Person

Firm/Company

1441 Brickell Ave, Suite 1400

Address

Miami, FL 33131

City/State and Zip Code

kcme succession investments, com

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

For further information concerning this matter, please call:

Kevin Murdock

Name of Person

at (305) 728 9887

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

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: Wesco Fountains LLC
2. (a) 3440 Technology Dr. (b) 3440 Technology Dr.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
North Venice, FL 34275 North Venice, FL 34275

3. 7/9/15 4. M15000005388
Date of filing/registration in Florida Document number

5. (a) Javis Coghill
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3440 Technology Dr.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
North Venice FL
34275

- (b) Kevin Murdock
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1441 Brickell Ave
NEW Registered Office Address:
Suite 1400
Miami, FL 33131

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.

J. David O'Halloran
Signature of a member or authorized representative of a member

J. David O'Halloran
Printed or typed name of signer

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]
Signature of Registered Agent

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

INHS18 (2/14)

FILED
2016 AUG 12 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA