

M17 00000 6427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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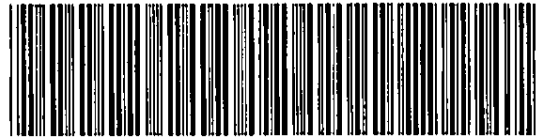
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
2017 DEC 11 AM 9:08
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Archibald & Wens 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:

Maxwell Fine

Name of Person

Archibald & Wens LLC

Firm/Company

341 10th Street, 14B, Brooklyn, NY 11215

Address

Brooklyn, NY 11215

City/State and Zip Code

mfiner@west3250ju.com

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

For further information concerning this matter, please call:

Maxwell Fine

Name of Person

at (314) 495-7040

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: Archibald K Wens

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

341 10th Street, 14B
Brooklyn, NY 11215

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

341 10th Street, 14B
Brooklyn, NY 11215

3. Date of filing/registration in Florida
July 25, 2017

4. Document number
117000006427

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
130 S. Indian River Drive, Ste 202-Office
Fort Pierce, FL 34950

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(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
130 S. Indian River Dr., Ste 202-office 237
Fort Pierce, FL 34950

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]
Signature of a member or authorized representative of a member

Maxwell Fine
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