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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

\*\*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 WE WANT MORE, INC

Certificate of Status	0	Ĭ
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## **COVER LETTER**

TO: Amendment Section	
Division of Corporations	
SUBJECT; We Want More Inc Name of Corporation	
Name of Corporation	
DOCUMENT NUMBER: N04000009046	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the following:	
Bruce Halsted	
Bruce Halsted Name of Contact Person	
We Want More	
We Want More Firm/Company	
835 Climon Avenue Address	
Address	
Bridgeport, CT 06604	\frac{1}{2}
Bridgeport, CT 06604 City/State and Zip Code	ກວ່
the second secon	<del></del>
E-mail address: (to be used for future annual report notification)	
	20 VT 21 (1999)
For further information concerning this matter, please call:	•
Bruce Halsted at (203-767-682')  Name of Contact Person Area Code & Daytime Telep	
Name of Contact Person Area Code & Daytime Telep	hone Number

Enclosed is a \$35,00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Taltahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
The Centre of Taliahassee
2415 N. Monroe Street, Suite 810
Taliahassee, FL 32303

CR2E045 (04/13)

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation orga	102, 607,1508, or 617,1508, Florida Statu Unized under the laws of the State of Floric	da
		stered agent, or both, in the State of Floria	
1. The name of t	the corporation: We want More the		
2. The principal	office address: 1819 Goodwin Street, J	acksonville, FL 32204	<del></del>
3. The mailing a	ddress (if different):835 Clinion Ave B	ridgeport, CT 05604	
4. Date of incorp	poration/qualification: 09/21/2004	Document number: N0400000904	46
	l street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on file with the ned)	:
	Resigned		
			; )
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street	on NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the street be identical.	et address of the business office of its reg	istered agent,
Such change wa authorized by th	as authorized by resolution duly adoptine board, or the corporation has been a	ed by its board of directors or by an offic totalied in writing of the change.	er so
- All	te of an officer of director	Bruce Halfel Freciant	/Executive Director
I furthèr agrée of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sta ad I am familiar with and accept the of ing filed merely to reflect a change in t s been notified in writing of this chang in Scrvice Company	ind agree to act in this capacity, itutes relative to the proper and complete digation of my position as registered ago the registered office address, I hereby co. e.	e performance mt. Or, if this nfirm that the
<u>Ву:</u> Дель	ida P. Allenson	09/21/2020 Naio	•••
If signing on be	half of an entity:		
Amanda Robinso	on, Assistant Vide President		
	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

\* \* \* FILING FEE: \$35.00 \* \* \*