## 914000018100

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	<i>⇒#</i> )
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SECRETARY OF STATE
TALL! STATE TALL!

pal 10 Change

JUL 1 5 2014

T. CARTER

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: LWFL2, Inc

Name of Corporation

DOCUMENT NUMBER

P14000018081

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith E. Crockett

Name of Contact Person

Crockett Law P.L.

Firm/Company

10033 Sawgrass Drive W., Ste. 125

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

keith@crockettlawpl.com

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

For further information concerning this matter, please call:

Keith E. Crockett

,904

247- 4831

Name of Contact Person

Area Code & Daytime Telephone 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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of change is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida Statutes. this ution organized under the laws of the State of Florida errors or registered agent, or both, in the State of Florida.
1. The name of the corporation: LWFL2	
2. The principal office address: 2220 County	Road 210 West, Suite 108, Box 420, Saint Johns, FL 32259
2. The principal office address.	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/2	6/14 Document number: P140000181 OC
5. The name and street address of the current r Florida Department of State: (If resigned, et	registered agent and registered office on file with the inter resigned)
Lee Willis	
13025 Viburnum Dr	ive North
Jacksonville, FL 322	246 £
6. The name and street address of the new reg (if changed):	246  istered agent (if changed) and /or registered office
Crockett Law P.L.	
10033 Sawgrass Dr	rive West, Suite 125
	P.O. Box NOT acceptable
Ponte Vedra Beach	
The street address of its registered office and as changed will be identical.	the street address of the business office of its registered agent,
Such change was authorized by resolution duauthorized by the board, or the corporation h	aly adopted by its board of directors or by an officer so as been notified in writing of the change.
Tee Willi	Lee Willis / Secretary
Signature of an other or director  I hereby accept the appointment as registered further agree to comply with the provisions performance of my duties, and I am familiar agent. Or, if this document is being filed methereby confirm that the corporation has been	Printed or typed name and title  d agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I a notified in writing of this change.
Jak Comment	06-19-14
Signature of Registered Agent  If circuits on hebalf of an entire	Date
If signing on behalf of an entity:  Keith E. Crockett	
Typed or Printed Name	
*** [7]	LING FEE: \$35.00 * * *