# B2000000123

(Requestor's Name)	_
(Address)	_
,	
(Address)	—
(City/State/Zip/Phone #)	_
(Otty Otaler Zipi: Hone #)	
PICK-UP WAIT MAIL	
	_
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
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Office Use Only



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### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: WIKA MOBILE CONTROL, LP		
C/C BG	Name of Limited Partnership or Limited Liabili	ty Limited Partnership	
DOC	UMENT NUMBER: B20000000123		_
	nclosed Statement of Change of Registered Office and are submitted for filing.	d/or Registered Agent and	
Please	return all correspondence concerning this matter to:		
Sharon	Gray		
	Contact Person	<del>-</del>	
Gray M	Matter Corporate Solutions LLC		
	Firm/Company	-	
258 Be	eartooth Pkwy., Ste. 100 PMB 1002	- A	202
	Address	- ,50 23	3FF *
Dawso	nville, GA 30534	7 ( 7 ( 7 ) 7 ( 7 ) 7 ( 7 ) 7 ( 7 )	<del></del> :
	City. State and Zip Code		+ 1
dnealy	@sgrlaw.com	723 V 3 71 Tid	골 #
E-	-mail address: (to be used for future annual report notification)		ယ္ 🐧
For fu	rther information concerning this matter, please call:		26
Sharon	Gray at (	355-8214	
		nd Daytime Telephone Number	
Enclos	sed is a \$35.00 check made payable to the Florida De	partment of State.	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

N	lame of Limited Partnership or Lim	ited Liability Limited Partnership
2 06/11/2020	)	3. B2000000123
Date of filing/registration in Florida		Florida document number
4. The name of the Department of State		office address as shown on the records of the Florida
	NRAI SERVICES, IN	IC.
	Nan	ne
	1200 SOUTH PINE I	SLAND ROAD
	Addr	ess
	PLANTATION, FL 3	3324
	City, State	and Zip
5. The name and Fl	orida street address of the new regis	stered agent and/or office:
	UNIVERSAL REGISTI	ERED AGENTS, INC.
	Nan	ne SC TO
	1317 CALIFORNIA	and Zip  stered agent and/or office:  ERED AGENTS, INC.  STREET  STREET
	Florida street address (P.	
	TALLAHASSEE	FL_32304
	City, State	
6. Such change(s) i	s/are effective when filed by the Flo	orida Department of State.
WIKA Managemer	nt, Inc. by Tim Hazelrig /s/ Tim Ha	zelrig
Signature of Genera		•
comply with the pro and I am familiar w	visions of all statutes relative to the eith an accept the obligations of my	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent.
Sharon Gr. Signature of Registe	ay	
	ELEU AKEUA	

Certified Copy (optional): \$52.50