



Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : NEIMAN & INTERIAN, PLLC  
 Account Number : 120180000010  
 Phone : (305) 530-9400  
 Fax Number : (305) 530-9409

N. S. V. S. I. E.

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: RABAD@NIFLALAW.COM

REGISTERED AGENT CHANGE  
W6 INVESTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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 2018 JUN 18 PM 3:46  
 CORPORATION  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE

Handwritten signature or initials

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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: W6 INVESTORS, LLC

2. (a) 20803 BISCAYNE BLVD,  
Principal office address of limited liability company.  
*(Note: MUST BE STREET ADDRESS)*

SUITE 501  
AVENTURA, FL 33180

06/17/2016  
Date of filing/registration in Florida

(b) 20803 BISCAYNE BLVD,  
Mailing address of limited liability company.  
*(Note: MAY BE POST OFFICE BOX)*

SUITE 501  
AVENTURA, FL 33180

L16000115811  
Document number

3. (a) LAMONT NEIMAN INTERIAN, P.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
100 NORTH BISCAYNE BLVD SUITE 801  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

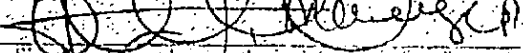
MIAMI FL 33132

(b) NEIMAN & INTERIAN, PLLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

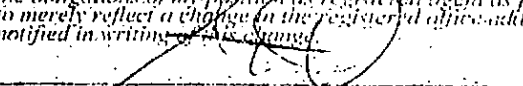
2020 PONCE DE LEON BLVD,  
NEW Registered Office Address:  
SUITE 1005-B

CORAL GABLES FL 33134

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.

 JORGE WOLDENBERG, MANAGER  
Signature of a member or authorized representative of a member 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 of Registered Agent

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