LICONFIRM

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entry Harris)					
(Document Number)					
Certified Copies Certificates of Status					
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12/21/16--01019--007 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

D. BRUCE DEC 21 2016



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 19, 2016

Order#: 429114/015

Re: WBC ASSET MANAGER, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call off of tice.

INCA.XCOA

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. N	Iame of the limited liability company: WBC ASSET	MANAGER, LL	.c	
2. (a)	189 S. Orange Avenue, Suite 1700	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability co (Note: MAY BE POST OFFICE I	
	Orlando, FL 32801			
	07/29/2016	L1º	6000141449	
3.	Date of filing/registration in Florida	4.	Document number	
5 (n) F&L Corp			
5. (a	Registered Agent and Registered Office shown on the records of	of the Florida Dept	L of State:	
	One Independent Drive, Suite 1300 Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	Registered Office Address	1 ADDRESS)		
				
	Jacksonville	FL 32202	201 Tal	
	, `	. 10	2016 DEC SECRETA	77
(b)	Corporation Service Company			
	Enter name of NEW Registered Agent and/or NEW Register	LAHASSE		
			E OF D	M
	1201 Hays Street			U
	NEW Registered Office Address:		9: 22 STATE JORIDA	
	Tallahassee	FL 32301		
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered liability compa s of the limited	d office and the business office of the ny, it is hereby confirmed that the cha liability company or as otherwise pro-	registered ange(s)
/s/ J	ohn Mark Ramsey	John Ma	rk Ramsey, Member/Manager	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee	
provi. the ol to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provic rely reflect a change in the registered office address, and in writing of this change.	gree to act in the te performance ded for in Chap I hereby confir	his capacity. I further agree to compl of my duties, and I am familiar with ter 605, F.S. Or, if this document is b m that the limited liability company h	y with the and accept eing filed as been
Signa	Live & Registered Agent Corporation Service Company	BY: Sylvia	Queppet, Asst. Vice President	

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