Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000343597 3)))



H180003435973ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120108000062 Phone

: (888)705-7274

Fax Number

: (888)706-7274

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

Iicma	Address:	

## LLC REGISTERED AGENT CHANGE WCF HOLDINGS I, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01.
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

A. LUM

4 111

Help

18 DEC-3 M 8:55

#### **COVER LETTER**

H180003435973

TO:

Registration Section
Division of Corporations

SUBJECT: WCF HOLDINGS I, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo
Name of Person
egistered Agent Solutions, Inc.
Firm/Company
701 Directors Blvd, Suite 300
Address
ustin, TX 78744
City/State and Zip Code
otices@rasi.com
E-mail address: (to be used for future annual report notifical

For further information concerning this matter, please call:

Mary	Casti	llo

....888

705-7274

Name of Person

Arca Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

#### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallabassee, Florida 32314

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

H180003435973

# 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

1. N	ame of the limited liab	lity company:	WCF HC	LDING	S I, LLC	>	
2. (a)				4.3			
2. (5)	Principal office address of firmited Liability company:  (Note: MUST BE STREET ADDRESS)  5002 WEST LEMON ST			(b)			
	TAMPA,	FL	33609		MPA.	FL	33609
	07/14/2017	· · · · · · · · · · · · · · · · · · ·			000151		
3.	Date of filing	registration in	Florida	4.	Docume	nt number	
	Johanson, Registered Office Address 5002 WEST LEMO TAMPA, FL 33609	<i>MUSTRE FI</i> ON ST	LORIDA STREET AI	DDRESS <sub>I</sub>			
(b)	Enter name of NEW Roofs Registered Agent			Mec.address:	······································	7,7	18 DEC - 3
	NEW Registered Office Ad	idress:			<del></del>		一篇 圣
	155 Office Plaza	Dr., Suite A					70 00
	Tallahassee		, FL <sup>3</sup>	2301			ordina.
agent w was/we the artic	mited liability company nge or changes are mad rill be identical. Or, in re authorized by an affi- cles of organization or a	the case of a F	lorida limited liab	ility company, the limited liab nited liability	thice and the basis it is hereby confirmable of the basis	usiness office on firmed that to or as otherwi	of the registered the change(s) se provided in
	ure of a member or authorize	d representative o	f a member	Ignacio			uthorized Person
I hereb provision he obli po mere notified	y accept the appointments of all statutes relating attents of my position of the reflect a change in the in writing of this change.	ni as registera ve to the prope is registered a le registered of te.	d agent and agree r and complete pe gent as pròvided f fice address, I her	to act in this of formance of it is chapter in Chapter why confirm the	capacity. I fur	yped nome of sig ther ogree to I om familiar If this docume liability comp	comply with the
Signature	of Registered Agent Ass	istant Secre	tary				
			Rtionse P.O. Ros	63774 Telle	harras FI 44	2.4	

FILING FEE: \$25.00