

Division of Corporations

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L18000047787
Florida Department of State
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.

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

From: Account Name : MARLOWE & WEATHERFORD, P.A.
Account Number : 120020000098
Phone : (407) 629-5008
Fax Number : (407) 740-0310

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

Email Address: jason@tciccapital.com

LLC REGISTERED AGENT CHANGE
SOLANA WP LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SIMMONS
MAR 20 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solana WP LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

William P. Weatherford, Jr.

Name of Person

Marlowe & Weatherford, P.A.

Firm/Company

1150 Louisiana Ave., Ste 4

Address

Winter Park, FL 32789

City/State and Zip Code

jason@tcicapital.com

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

For further information concerning this matter, please call:

William P. Weatherford, Jr. at (407) 629-5008
Name of Person Area 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
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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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: Solana WP LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2429 Hollywood Blvd., Suite 300
Hollywood, FL 33020

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
2429 Hollywood Blvd., Suite 300
Hollywood, FL 33020

3. 02/22/2018 Date of filing/registration in Florida
4. L18000047787 Document number

5. (a) C & R Land Development Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2250 Lee Road, Suite 120
Winter Park, FL 32789

(b) Spencer Enslein
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
2429 Hollywood Blvd., Suite 300
Hollywood, FL 33020

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
Signature of a member or authorized representative of a member

Spencer Enslein
Printed or typed name of signee

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]
Signature of Registered Agent

03/19/2018 10:39
850-617-6381

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MARLOWE WEATHERFORD

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March 19, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SOLANA WP LLC
2429 HOLLYWOOD BLVD.
300
HOLLYWOOD, FL 33020US

SUBJECT: SOLANA WP LLC
REF: L18000047787

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Fax cover sheet submitted is for a Corporation but your business is a LLC.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H18000086037
Letter Number: 118A00005440

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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