

PO0000094495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

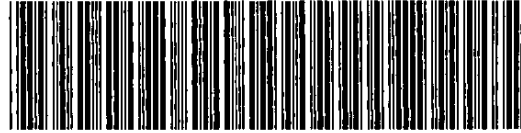
(Business Entity Name)

(Document Number)

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2012 MAY -8 P 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 15 2012  
T. JEMIEUX



## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WRP ENTERPRISES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P02000094495

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM R PHILLIPS  
Name of Contact Person

WRP ENTERPRISES, INC  
Firm/Company

750 HAROLD AVE  
Address

WINTER PARK, FL 32789  
City/State and Zip Code

WPhillips@wrp-enterprises.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM PHILLIPS at ( 407 ) 478-7483  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WRP ENTERPRISES, INC.

2. The principal office address: 750 HAROLD AVENUE, WINTER PARK, FL 32789

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/30/2002 Document number: P02000094495

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CFRA, LLC

100 S. ASHLEY DR., SUITE 400

TAMPA, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

515 East Park Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of the registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

William R Phillips President  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc.

by:

  
Signature of Registered Agent

MAY 4, 2012  
Date

If signing on behalf of an entity:

Jessica Metzger, Assistant Secretary

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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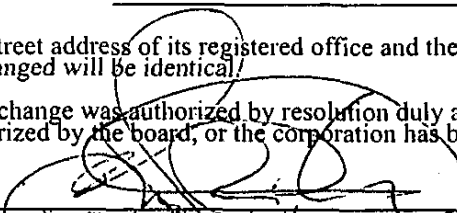
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Signature of an officer or director

  
Printed or typed name and title

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by:

  
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MAY 4, 2012  
Date

If signing on behalf of an entity:

Jessica Metzger, Assistant Secretary

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

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