# P0200094495

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>;</del> #)
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SECRETARY OF STATE
ALLAHASSEF FINATE

T. LEMIEUX

#### **COVER LETTER**

	dment Section on of Corporations		
SUBJECT:_	WRP ENTERP	RISES, INC.	
	Name of C	Corporation	
DOCUMENT	NUMBER: P02	000094495	
The enclosed	Statement of Change of Registered Office	e/Agent and fee are submi	tted for filing.
Please return a	all correspondence concerning this matte	er to the following:	
	WILLIAM F	R PHILLIPS	
	Name of Co	ontact Person	
		RPRISES, INC	
	Firm/C	ompany	
	750 HAR	OLD AVE	
	Ado	iress	
		,	
	WINTER PA	RK FL 32789	
	City/State a	RK, FL 32789 and Zip Code	<del></del>
	WPhillips@wrp-	enterprises.com	<u>(****</u>
	E-mail address: (to be used for	future annual report noti	lication)
For further int	formation concerning this matter, please	call:	
	WILLIAM PHILLIPS	at ( 407 )	478-7483
	Name of Contact Person	Area Code & Dayt	478-7483 ime Telephone Number
Enclosed is a	\$35.00 check made payable to the Depar	rtment of State.	
	Mailing Address.	Stunet Adduses	•
	Mailing Address: Amendment Section	Street Address Amendment S	
	Division of Corporations	Division of C	
	P.O. Box 6327	Clifton Buildi	
	Tollohossoo El 32314	2661 Executiv	ve Center Circle

Tallahassee, FL 32301

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flo ange is submitted for a corporation organized under the laws of the Sta er to change its registered office or registered agent, or both, in the Sta	te of New York
	the corporation: WRP ENTERPRISES, INC.	
2. The principal	office address: 750 HAROLD AVENUE, WINTER PARK, F	L 32789
3. The mailing	address (if different):	
4. Date of incor	poration/qualification:08/30/2002Document number:	P02000094495
	d street address of the current registered agent and registered office on a rument of State: (If resigned, enter resigned)	file with the
	CFRA, LLC	···
	100 S. ASHLEY DR., SUITE 400	
	TAMPA, FL 33602	
6. The name and (if changed):	NRAI Services, Inc.  515 East Park Avenue	2017 HAY -
	P.O. Box NOT acceptable Tallahassee, FL 32301	S P Z
The street addreas changed will	ess of its registered office and the street address of the business office identical	e Pits registered agent,
8	as authorized by resolution duly adopted by its board of directors or the board, or the corporation has been notified in writing of the change are of an officer or director.  Printed or typed name of the corporation duly adopted by its board of directors or the change of the change of the corporation duly adopted by its board of directors or the change of the chan	hilling President
I hereby accept I further agree of my duties, an document is be corporation ha NRAI Service by	t the appointment as registered agent and agree to act in this capacit to comply with the provisions of all statutes relative to the proper and ind I am familiar with and accept the obligation of my position as reg ing filed merely to reflect a change in the registered office address, I s been notified in writing of this change.	,
- <del>-</del>	chalf of an entity:	
<u>Jessica Me</u>	etzger, 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)

#### **COVER LETTER**

TO:	Amendment Section Division of Corpora	n utions		
SUBJI	ECT:	WRP ENTERPH Name of C	RISES, INC.	
DOCU	UMENT NUMBER:	P02	000094495	
		Change of Registered Offic	e/Agent and fee are subm	itted for filing.
Please	return all correspond	ence concerning this matte	r to the following:	
	•	Ü	<b>Q</b>	
		WILLIAM F	RPHILLIPS	
	<u> </u>	Name of Co	ntact Person	
	· <del></del>		PRISES, INC	
		Firm/C	ompany	
		### T	0.5.0.5	
			OLD AVE Iress	
		Auc	11033	
		MAINITED DAT	DIZ EL 22700	
		City/State a	RK, FL 32789 nd Zip Code	
		·	•	
	T	WPhillips@wrp-eaddress: (to be used for the	enterprises.com	fication)
	E-man	address: (to be used for t	uture annuar report non	incation)
For fur	ther information con-	cerning this matter, please	call:	
	WILLIAM	PHILLIPS	at ( 407 )	478-7483 ime Telephone Number
··········	Name of Co	ntact Person	Area Code & Day	ime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.				
	An Div P.C	iling Address: nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street Address Amendment S Division of C Clifton Build 2661 Executi Tallahassee, I	Section orporations ing ve Center Circle

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor ange is submitted for a corporation organized under the laws of the State ler to change its registered office or registered agent, or both, in the State	of New York
1. The name of	the corporation: WRP ENTERPRISES, INC.	
2. The principa	office address: 750 HAROLD AVENUE, WINTER PARK, FL	32789
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 08/30/2002 Document number:	P02000094495
	d street address of the current registered agent and registered office on fil rtment of State: (If resigned, enter resigned)	e with the
	CFRA, LLC	
	100 S. ASHLEY DR., SUITE 400	· ·
•	TAMPA, FL 33602	ALL:
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	HAY -8 F
	NRAI Services, Inc.	
	515 East Park Avenue	) IZ: 20 STATE
	P.O. Box NOT acceptable Tallahassee, FL 32301	<b></b>
The street address changed will	ess of its registered office and the street address of the business office be identical/	of its registered agent,
Signatu	as authorized by resolution duly adopted by its board of directors or be board, or the corporation has been notified in writing of the change the of an officer or director.  Printed or typed name:	I willing mes! Dent
by:	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and all am familiar with and accept the obligation of my position as regising filed merely to reflect a change in the registered office address, I have been notified in writing of this change.  See, Inc.  MA 4, 201  Date	complete performance tered agent. Or, if this ereby confirm that the
If signing on be	chalf of an entity:	
Jessica Me	etzger, Assistant Secretary	

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

Typed or Printed Name