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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: WARD RIVER INVESTMENTS, INC.

Name of Corporation

DOCUMENT NUMBER: P03000155198

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:

John E. Phelan
Name of Contact Person

John E. Phelan, P.A.

Firm/Company

100 S.E. 2nd Street, Suite 2600

Address

Miami, FL 33131

City/State and Zip Code

Phelanlaw@msn.com

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

For further information concerning this matter, please call:

John E. Phelan

Name of Contact Person

Name of Contact Person

at (305) 373-6606

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 32304

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

		VER INVESTMENTS, INC.	
		. Phelan, P.A., 100 S.E. 2nd Str	eet, Suite 2600,
	FL 33131 g address (if different): Same a	as above	
		3/2003 Document number: P030	
. The name a		egistered agent and registered office on file	
	Coprolite Corporation		-Vp
	100 S.E. 2nd Street.	Suite 2600	2017 7.L.L.
	Miami, FL 33131		FIL 2017 DEC 15 Alliana (a. a.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	100 S.E. 2nd Street,	Suito 2600	2: 39 .okiuz
		OGRE 2000 O Box NOT acceptable	
	Miami, FL 33131		<u> </u>
he street ad- s changed w	dress of its registered office and ill be identical.	the street address of the business office of	its registered agent,
uch change uthorized by	was authorized by resolution due the board or the corporation ha	ly adopted by its board of directors or by a is been notified in writing of the change.	n officer so
	le /		SER
	lature of an Scheen or director	Printed or reped name and	• •
jurther agre erformance	ie to comply with the provisions of my duties, and I am familiar w	i agent and agree to act in this capacity of all statutes relative to the proper and ca with and accept the obligation of my positively to reflect a change in the registered off notified in writing of this change.	oń as revisterca
/-	le 1 Pl	12/13/2	017

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