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K.SALY EXAMINER FLU 18 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

Florid	a.
1. Na	ame of the limited liability company: WXC Properties U.C.
2. (a)	55 merricu Way #402 (b) 55 merricu Way #402
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	CORCLE GUINE EL 23/34 CORCLE GUINE EL 33/34
	will clubing from the country in some
	09/21/2009 L0900090641
3.	Date of filing/registration in Florida 4. Document number
5. (a)	NONE
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	THE CO. A. S.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
. •	TO P
	FL The state of th
(b)	Wesley Ulloa
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	55 memen way #407
	NEW Registered Office Address: (C)((L) (C)(N)() FI 33134
	<u> </u>
	Corcu Gabies , FL 33134.
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agent w	nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/we	tre authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
V	1 A L X C L L L L L L L L L L L L L L L L L
Signat	ure of a member or authorized representative of a member Printed or typed name of signee
I hered provisit the obli to mere notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constructions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect achange in the registered office address, I hereby confirm that the limited liability company has been in Miting of the change.
Signatur	e of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)