that my name appears above, or on an attachment with all other like empowered. AUTHORIZED PERSON

**39 GEORGIA AVENUE SE SUITE 200** C/O CARTER & ASSOCIATES, L.L.C.

Entity Name: WC PROJECT OWNER, LLC

**Current Principal Place of Business:** 

ATLANTA, GA 30312

39 GEORGIA AVENUE SE SUITE 200 C/O CARTER & ASSOCIATES, L.L.C.

ATLANTA, GA 30312

## FEI Number: 87-3762954

**Current Mailing Address:** 

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

NATIONAL REGISTERED AGENTS, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE:

Authorized Person(s) Detail : Title AP Title AP PETERSON, ROBERT Name Name STRINGER, SCOTT Address 39 GEORGIA AVENUE SE SUITE 200 Address 39 GEORGIA AVENUE SE SUITE 200 ATLANTA GA 30312 City-State-Zip: ATLANTA GA 30312 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

SIGNATURE: ROBERT E PETERSON

Electronic Signature of Signing Authorized Person(s) Detail

## FILED Apr 12, 2022 Secretary of State 4631499178CC

Certificate of Status Desired: No

04/12/2022 Date

Date