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CORPORATION NAME(S) & DOCUMENT	NUMBER(5), (ii known):	DA -
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Profit Not for Profit	Resignation of R.A., Officer/Director	**************************************
Limited Liability	Change of Registered Agent	
Domestication.	Dissolution/Withdrawal	
Other	Merger	1,12
CONTENT EXTENCES RE	GISTRATION/QUALIFICATION	1447
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Examiner's Initials

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 or 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	WIC Limited Partnership LLLP				
	Name of the limited pa	artnership			
2.	10/29/2001 Date of filing/registration in Florida	3. <u>A01000001443</u> Document num	10.15 10.15 10.15	02	
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4.	The name of the registered agent and the registered office address State:	as shown on the records of the Flo	rida Depa V	artiper	ıt of ==
	Walder Managemen	t. Inc.	mo	~0	1
	Name	· · · · · · · · · · · · · · · · · · ·	<u> </u>	7	_
	462 Bowdoin Circ	cle	으겆	 ယ	
	Address		음류	ယ	
	Sarasota, FL 342	<u>236 </u>	≥	_	
	City, State and Zip	·			
5.	The name and address of the new registered agent and/or of	fice:			
	Walder Management	t, Inc.			
	Name	•			
	1808 A West Morrison				
•	Florida street address (P. O. Box No				
-	Tampa, Florida 330 City, State and Zip	000			
6.	The new mailing address and principal address are:				
	1808 A West Morrison	Avenue			
	Florida street address (P. O. Box No				
	Tampa, Florida 336	<u> 606 </u>			
	City, State and Zip				
7. Suc	h change(s) was/were authorized by the general partners.				
2	ish a. Wolde				
Signatu	re of General Partner Keith A. Walder, President of Walder Managemen	t, Inc., General Partner			
~ ~ ~			•		
i heret	by accept the appointment as registered agent and agree to act i	in this capacity. I further agree	to compl	y wit	h

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

(Signature of Registered Agent) Keith A. Walder, President of Walder Management, Inc.

Make Checks payable to Florid Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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