

9/10/21, 3:56 PM

Division of Corporations

BO900000157

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
WRI JT TAMiami TRAIL, LP**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

SEP 13 2021

S. PRATHER

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. WRIJT TAMiami TRAIL, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/26/2009 3. B09000000157
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CAPITOL CORPORATE SERVICES INC
Name
515 EAST PARK AVENUE, 2ND FL
Address
TALLAHASSEE, FL 32301
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

/s/ Harvey G. Weinreb
Signature of General Partner

Harvey G. Weinreb

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.

Alfred Younan
Signature of Registered Agent Assistant Secretary

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

2021 SEP 10 AM 10:58
TALLAHASSEE, FLORIDA