Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

.....

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

Email Address:

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PAGE 01/03

REGISTERED AGENT CHANGE WDF/NAGELBUSH HOLDING CORP.

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Electronic Filing Menu

Corporate Filing Menu

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FEB 1 5 2012

T. BROWN

https://efile.sunbiz.org/scripts/efilcovr.exe

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CT CORPORATION

05/14/2015 10:58 8626336092

2/14/2012

COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: | WDF/NAGELBUSH HOL | DING CORP. |
|---|-------------------------------|---|
| | Name of Con | poration |
| DOCUMENT NUMBER: | F0300 | 00006113 |
| The enclosed Statement of Cha | ange of Registered Office/A | agent and fee are submitted for filing. |
| Please return all corresponden | ce concerning this matter to | the following: |
| | | |
| | Name of Conta | ct Person |
| | | |
| ———————————————————————————————————— | Firm/Com | PARTY. |
| | 1 mg Com | p u. .y |
| _ | | |
| | Addres | s |
| | | |
| _ | City/State and | Zip Code |
| | | |
| E-mail ad | dress: (to be used for futi | re annual report notification) |
| Park of the state | | |
| For further information concer- | ning this matter, please call | |
| Name of Conta | ct Person | at () Area Code & Daytime Telephone Numbe |
| t territ of Aditor | J. 1 0.50() | The cold at Bayman Toppada House |
| Enclosed is a \$35.00 check ma | de payable to the Departme | ent of State. |
| Mullin | १८ के तेतेराल्यकः | Street Address: |
| | g Address: dment Section | Street Address: Amendment Section |
| | on of Corporations | Division of Corporations |
| | 30x 6327 | Clifton Bullding 2661 Executive Center Circle |
| រ មាន | nassee, FL 32314 | Tallahassee, FL 32301 |
| | | , |
| CR2E045 (\$/05) | | |
| | | |

21,006 - 07/22/2000 € T System Online

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

| | M/DEALA | תבו שנופט שחו ל | אואות ההפש | |
|--|--|---|---|---|
| I. The name of | of the corporation: WDF/NA | OELBUSH HOLL | ANG CORF. | |
| 2. The princip | nal office address; 719 N OC | EAN BLVD., DE | LRAY BEACH FL 33483 | |
| 3. The mailing | g address (if different): 719 | N OCEAN BLVD. | , DELRAY BEACH FL 33483 | |
| 4. Date of inc | orporation/qualification: | 12/10/2003 | Document number: | F03000006113 |
| | and street address of the our partment of State: (If resign | | ent and registered office on fil | e with the |
| | JOHN MILITANA, ESQ | | | |
| | 8801 BISCAYNE BLVD | | | 7A 5 |
| • | N MIAMI FL 33138 | | | |
| 6. The name a | | v registered agent | (if changed) and /or registere | 2012 FEB 14 AM 10: 18 SECRETARY OF STATE TALLAHASSEE. FLORID. |
| | C T Corporation System | | | - FFS |
| | c/o C T Corporation Syst | em, 1200 South Pi | ne Island Road | - RET |
| | · | P.O. Box NOT | ecocptable | 577 00 |
| | Plantation, Florida 33324 | | <u> </u> | |
| The street ad as changed w | dress of its registered offic vill be identical. | e and the street a | ddress of the business office | of its registered agent, |
| Such change authorized by | was authorized by resolut the board, or the corpora | on duly adopted ion has been not | by its board of directors or b fied in writing of the change | y an officer so |
| المسير | | | Tristan Emrich, Vi | ice President |
| | MINE OF BY OTHER DE GIVECTOR | | Printed or typed rame | MIG TAIC |
| I hereby according to the further agreed for the further agreed for the further agreed to the further agreed t | ept the appointment as reg se to comply with the provi and I am familiar with an being filed merely to reflec has been notified in writing | istered agent and istons of all statu I accept the oblig It a change in the g of this change. | agree to act in this capacity tes relative to the proper an eation of my position as regi registered office address, I |) d complete performance stered agent. Or, if this hereby confirm that the |
| | T Corporation System | | 2/9/201 | 2 |
| By: | Signature of Registered Agent | | Date | |
| If signing on | behalf of an entity: | | | |
| Sama | mtha Jones, Assistant Secreta | ry | | |
| | Typed or Printed Name | | | |

₽4GE 03/03

CRZE045 (8/05)