## F15000002537

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Special Instructions to Filing Officer:		
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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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WILLIAM WARR	EN PROPERTIES, INC.	
		Art of Inc. File
<u></u>		<del></del>
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:BA		UCC 1 or 3 File
	02/19/24	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

WHILLIAM WARREN DROPPRTITE	DIC.	
SUBJECT: WILLIAM WARREN PROPERTIES, Name of Corporation	INC.	
DOCUMENT NUMBER: F15000002537		
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
CHRISTY MENDOZA		
Name of Contact Person		
FILEJET INC.		
Firm/Company		
10440 PIONEER BLVD. STE 8		
Address		
SANTA FE SPRINGS, CA 90670		
City/State and Zip Code	tente and the second se	
REGISTEREDAGENT@FIL	LEJET.COM	
E-mail address: (to be used for future annua	I report notification)	
For further information concerning this matter, p	please call:	
CHRISTY MENDOZA	at (949 )259-5955 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	Department of State.	
Mailing Address: Amendment Section	Street Address:	
Division of Corporations	Amendment Section	
P.O. Box 6327	Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.  CLARK W. PORTER  Printed or typed name and title  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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the	Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ	nized under the laws of the State of California
2. The principal office address: 100 WILSHIRE BLVD. STE. 400, SANTA MONICA CA 90401  3. The mailing address (if different):  4. Date of incorporation/qualification: 06/09/2015   Document number: F15000002537  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  NRAI SERVICES, INC.  1200 SOUTH PINE ISLAND ROAD #250  PLANTATION. FL 33324  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  FILEJET INC.  625 E. TWIGGS ST. STE. 110  P.O. Box NOT acceptable  TAMPA, FL 33602  The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  Such charged was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.  CLARK W. PORTER  Printed or typed name and title  Thereby 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 aid complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this to being filed merch to reflect a change in the registered address and that the received agent that the		· ·
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4. Date of incorporation/qualification:    Observed   O	2. The principal office address: 100 WILSHIRE BLVD. S	TE. 400, SANTA MONICA CA 90401
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2/14/2024	$\mathcal{O}_{\alpha}$	2/14/2024
Signature a Regularization Date	Signature responsed sent	Date
If signing on behalf of an entity:	If signing on behalf of an entity:	
Typed or Printed Name  * * * FILING FEE: \$35.00 * * *	•	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314