F20000004192

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates o	f Status
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Account#: I20000000088

Date:	12/14/2023	
Name:	Juliana	-
Reference	#: 2208563	_
Entity Nam	ne: WOODLAND CAF	PITAL HOLDINGS, INC.
☐ Artic	cles of Incorporation/Authorization	to Transact Business
☐ Ame	endment	
✓ Cha	inge of Agent	
☐ Reir	nstatement	
☐ Con	nversion	
☐ Mer	ger	
☐ Diss	solution/Withdrawal	
☐ Ficti	itious Name	
Othe	er	
Authorized Signature:	Amount: \$35.00	

F: 800.944.6607

V

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

statement of cha	nge is submitted for a corpor	92, 617.0502, 607.1508, or 617.1508, Flo ation organized under the laws of the Sta ve or registered agent, or both, in the Sta	ute ofGeorgia	
1. The name of t	he corporation: WC	OODLAND CAPITAL HOL	_DINGS, INC.	
2. The principal	office address: No Change	9		
3. The mailing a	ddress (if different):			
4. Date of incorp	noration/qualification: Septe	mber 24, 2020 Document number:	F20000004192	
	street address of the current timent of State: (If resigned, e	registered agent and registered office on nter resigned)	file with the	
	BUSINESS FII	LINGS INCORPORATED		
	1200 SOUTI	H PINE ISLAND ROAD		
	PLANTA	ATION, FL 33324	1023 DI	
6. The name and (if changed):	street address of the new reg	istered agent (if changed) and /or register	<u> </u>	
	115 North Calho	un St., Suite 4	AN IO: 46 EE. FLORIDA	
	Tallahassee, FL	PO Box NOT acceptable 32301		
The street addre	ss of its registered office and be identical.	I the street address of the business office	e of its registered agent,	
Such change wa authorized by th	s authorized by resolution due board, or the corporation h	ily adopted by its board of directors or t as been notified in writing of the chang	oy an officer so e.	
_{/s/} Monica Warner		Monica Warner, CFO	Monica Warner, CFO	
I hereby accept I further agree t performance of agent. Or, if thi	o comply with the provisions my duties, and I am familiar s document is being filed me	Printed or typed name d agent and agree to act in this capacity of all statutes relative to the proper an with and accept the obligation of my po- rely to reflect a change in the registered in notified in writing of this change.	v. d complete osition as registered	
/s/ Tim Mayville		12/14/2023		
Signing on bel	nature of Registered Agent half of an entity:	Date		

Tim Mayville, Assistant Secretary
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *