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.

(((H180002945403)))



H 80002945403AECD

	Doing so	will generate another cover sheet.	
Tc:			
	Division of Cor	porations	
	Fax Number	: (850)617-6383	
			-
From:			
	Account Name	: C T CORPORATION SYSTEM	_
	Account Number	: FCA000000023	7-
	Phone	: (614)280-3338	
	Fax Number	: (954)208-0845	

Email Address:

annual report mailings. Enter only one email address please.\*\*

LLC REGISTERED AGENT CHANGE WS ST. PETE REALTY, LLC

Certificate of Status	0
Certified Copy	ı
Page Count	02
Estimated Charge	\$55.00

REDENZED		
POY 1 5 12.3		

Electronic Filing Menu

Corporate Filing Menu

Help

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	ame of the limited liability company: WS ST. PETE RE	EALTY, L	LC		
? (a)		(b	)		
(u)	Principal office address of limited liability company: (Nme: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	118 18TH ST. S.		300 L	lighting Way, Suite 210	
	SAINT PETERSBURG, FL 33712		Secau	ieus, NJ 07094	
	06/17/2003			L03000021887	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC.	the Florida	Dept. o	f State:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS.	<u> </u>	——————————————————————————————————————	
	1200 SOUTH PINE ISLAND ROAD			3. E	
	MIAMI , FL	33324			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> C T Corporation System <u>NEW Registered Office Address:</u>				
	1200 South Pine Island Road				
	Plantation, FL	33324			
the changent was/withe art	imited liability company is not organized under the lay inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the the regisability co	State of stered of mpany ited lis	of Florida, it is hereby confirmed that after office and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in	
	ture of a member or authorized representative of a member		<del></del>	Printed or typed name of signee	
provis the ob to mer p <del>oti</del> fic	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this thange.	ree to act perform ed for in ( hereby co	n this ance of hapte infirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accep or 605, F.S. Or, if this document is being filed that the limited liability company has been	
	ornoration System Sarah Reve				
Signatu	in of Registered Arm				
	Division of Corporations P.O. 1 FILING F			lahassee, FL 32314	