04000047175

(Requestor's Name)		
10 Edgewater		
Ant 7-F		
Caral Gables, FL 33133		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer: Add Land		
(04-47176		

Office Use Only



700057946267

N8/04/05--01014--008 **25.00

M. HODGES

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. The name of the limite	d liability company is: WYNWC	OOD LLC	
	the limited liability company is:		
CORAL GABLES FL 3			
06/23/2004		L04000047175	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the registe Florida Department of S	ered agent and the registered office State:	address as shown on the records of the	
-	B & C Corporate Services, Inc	.	
	Name 201 South Biscayne Boulevar	d, Suite 3000	
Address Miami Florido 22121			
	Miami, Florida 33131 City, State and Z	ip - S	
6. The name and address of the new registered agent and/or office:			
	Lace Hells	116	
	9875 N) N Name 4 W	0.00	
Florida street address (P.O. Box NOT acceptable)			
Hislew bacdemiff 33016 City, State and Zip			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of	pany is not organized under the lar lange or changes are made, the Flo the registered agent will be identic eby confirmed that the change(s) verall I liability company or as otherwise of the limited liability company.	ws of the State of Florida, it is hereby rida street address of the registered office al. Or, in the case of a Florida limited was/were authorized by an affirmative vote of provided in the articles of organization or	
(Signature of a member or authori:	MUMM	-	
(organizate or a member of addition			
(Printed or typed name of signee)	tellring		
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered agent and agn s of all statutes relative to the prop l accept the obligations of my posi its document is being filed to mere that the limited liability company i	ee to act in this capacity. I further agree to er and complete performance of my duties, tion as registered agent as provided for in ly reflect a change in the registered office ias been notified in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

(Signature of Registered Agent)

منست.

FILING FEE: \$25.00