

Division of Corporations Electronic Filing Cover Sheet

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.

(((田17000044036 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GASSMAN, CROTTY & DENICOLO, P.A.

Account Number: 075350000514

Phone Fax Number : (727)442-1200 : (727)443-5829

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

Email Address:

## LLC REGISTERED AGENT CHANGE LATERRA WGV-116, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY FEB 1 6 2017

2/15/2017

## 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.

1. N	ame of the limited liability company: LA	TERRA WG	IV-116, LLC	· · · · · · · · · · · · · · · · · · ·
2. (a)			_ (b)	
` ,	Principal office address of limited liability (Note: MUST BE STREET ADDR		_ (8)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	409 NIGHTHAWK LANE		409 N	GHTHAWK LANE
	ST. AUGUSTINE, FL 32080		ST. AL	JGUSTINE, FL 32080
	11/23/2004		L04000	085083
3.	Date of filing/registration in Flor	rida	4.	Document number
5. (a)	NISHAD A. KHAN			
( )	Registered Agent und Registered Office shown on	the records of th	e Florida Dept. of St	ntc:
	Registered Office Address (MUST BE FLOR)	OA STREET AL	DDRESS)	
	425 WEST COLONIAL DRIVE, S	UITE 204	į;	
	ORLANDO	, FL	32804	2017 FEB 15
(b)	ALAN S. GASSMAN, ESQ.			SSEE S
(4)	Enter name of NEW Registered Agent and/or NE	W Registered C	office address;	EL 20 SEE FLORID
				20 Res
	NEW Registered Office Address:			<del></del>
	1245 COURT STREET, SUITE 10	2		
	CLEARWATER	, FL 3	3 <b>3756</b>	
the cha agent was/w	limited liability company is not organized ange or changes are made, the Florida streamll be identical. Or, in the case of a Floriere authorized by an affirmative vote of thicles of organization or the operating agree	under the law- et address of t da limited liab e members of ement of the li	s of the State of F he registered offi pility company, it the limited liabil imited liability co	ice and the business office of the registered tis hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
- Ci-	- Walt	ļ , <u> </u>	ALAN S. G.	ASSMAN, AS AUTH. REP.
I here provis the ob- to mer notifie	this of Enember or authorized representative of a new parties of all statutes relative to the proper a ligations of my position as registered agency reflect a change in the registered officed in writing of this change.	 eent and avre	e to act in this ca performance of m for in Chapter bi ereby confirm tha	Printed or typed name of signee apacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
-	D! !-! 6.0-	n 0 5		EX 22214