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.

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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Phone Fax Number

: (850)878-5368

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

Email	Address:		
Email	Address:		

LLC REGISTERED AGENT CHANGE WRL LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

J. SAULSBERRY **EXAMINER**

DEC 14 2011

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: WRL LLC Name of Li	imited Liability Company		
Dear Sir or Madam:	•		
	Office Change and fee(s) are submitted for filing.		
- •			
Please return all correspondence concerning the	mis matter to me tonowing:		
William Laidig			
Name of Person			
	74. S		
WRL LLC .			
Firm/Company	SECRETAL AHA.		
· 764 EAGLE CREEK DRIVE, UNIT 301			
Address Address			
with the confidence of the state of the stat	- CV		
NAPLES FL 34113	25		
City/State and Zip Code			
wrlaidig@comcast.net			
B-mail address: (to be used for future simual report not	nification)		
For further information concerning this matter	л, please call:		
Villiam Laidig	at (²³⁹) 774-2954		
Name of Person	Area Codo & Daytimo Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	·		
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		
હર્મ કર્માં માર્કે જોઇઇ નિક્ષાન મેં પ્રાપ્ત મોર્કિક મોર્કે			
NH\$18 (5/08)			

PL015 - 11/16/2010 C Y Byotom Confe

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. Name of the limited liability company: WRLLLC 764 EAGLE CREEK DRIVE, UNIT 301 2. (a) Principal office address of limited liability company; NAPLES FL 34113 (Note: MUST BE STREET ADDRESS) 764 BAGLE CREEK DRIVE, UNIT 301 (b) Mailing address of limited liability company: NAPLES FL 34113 (Note: MAY BE POST OFFICE BOX) 01/21/2005 L05000007007 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: NAPLES-LAWDOCK, INC. Registered Agent: 1395 PANTHER LANE SUITE 300 Registered Office Address: NAPLES FL 34109 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

CT Corporation System

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation

PL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or outhorized sepresentative of a member

William Laidig

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

CT Corporation System

Signature of Registered Agent

"- Riverce Barch Torporations, P.O. Box 6327, Tallabassee, FL 323

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (03/08)

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SECRETARY OF STATE.