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(Requestor's Name)					
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DIVISION OF CORPORATIONS

COVER LETTER

	egistration Section vivision of Corporations		
SUBJEC			
	(Name of Limited	i Liability	Company)
Dear Sir	or Madam:		
The enclo	osed Registered Agent/Registered Office (Change an	d fee(s) are submitted for filing.
Please re	turn all correspondence concerning this m	atter to th	e following:
Char	les Boyce		
	(Name of Person)		en e
WCC	Investments, LLC		
	(Firm/Company)		·
4040	NE 2nd Avenue Suite 414		•
	(Address)		
Miam	i, FL 33137		
	(City/State and Zip Code)		
For furth	er information concerning this matter, ple	ase call:	
Auro	ra Mortimer at (305	576-5060
· · · · · ·	(Name of Person)	(A	rea Code & Daytime Telephone Number)
R D C 20	TREET/COURIER ADDRESS: egistration Section division of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	Regist Division P.O. B	ING ADDRESS: ration Section on of Corporations tox 6327 assee, Florida 32314
E	nclosed is a check for the following amo	ount:	
	\$25 Filing Fee	\$55	Filing Fee & Certified Copy

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.

Investments,	LLC	<u> </u>
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/Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00