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Division of Corporations

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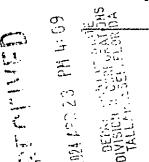
From:

Account Name : C T CORPORATION SYSTEM

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LLC REGISTERED AGENT CHANGE WSSA FLORIDA, LLC

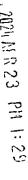
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APR 2 4 2024 K. Brumbley



To:

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.

Na	me of the limited liability company: WSSA Florida,	LLC			
(a)	503 South Saginaw Suite 600 Flint, Michigan 4850)2 (b	503 So	outh Saginaw Suite 60	00 Flint, Michigan 4
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	
	9/27/2005	-	 L050000	95223	<u></u>
	Date of filing/registration in Florida	4.		Document number	
(a)	John Sabty				
(-)	Registered Agent and Registered Office shown on the records of the	Florida	Dept. of St	ate:	
					
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS	!		~2
	727 North Shore Drive			_	1 1 2024 NPR 23
	Miami Beach , FL	33141		_	- 유
(p) .	C T Corporation System	-	23		
	Enter name of NEW Registered Agent and/or NEW Registered O	_	7		
					
	NEW Registered Office Address:			_	25
	1200 South Pine Island Road				
					
	Plantation, Ft	3324			
			0 00		
cha nt w s/we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of the street	ic registifity controller the limited l	tered offi mpany, it ited liabil	ce and the business off is hereby confirmed th ity company or as other	fice of the registered nat the change(s)
ignat	ure of a member or authorized representative of a member		,	Printed or typed name of	f signee
visio obli nere ified	on accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pleations of my position as registered agent as provided by reflect a change in the registered office address. I he is writing of this change. CT Corporation System CARLIE TO Assistant Secretary	to act erform for in C reby c	in this ca ince of m hapter 60 infirm tha	pacity. I further agree y duties, and I am famu 95, F.S. Or, if this doct u the limited liability co	to comply with the liar with and accept ument is being filed ompany has been