8/18/22, 4:19 PM

Division of Corporations



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.

(((H22000281039 3)))



H220002810393ABC,

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 : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500

Fax Number : (702)900-2290

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

Email Address: documents@incorp.com

LLC REGISTERED AGENT CHANGE W.W. LAND COMPANY, LLC

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

2022 AUG 19 AM 8: 31

APPROVED AND FILFO

Electronic Filing Menu

Corporate Filing Menu

Help

MIG 22 2022

C Brumbley

H22000281039 3

	· cov	ER LETTER		
TO: Registration Division of				
SUBJECT:	W. W. Land Company, LLC			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Regist	ered Agent/Registered Office Chang	e and fee(s) are submitted for filing.		
Please return all com	espondence concerning this matter to	o the following:		
	-	-		
Patricia Reyes	on behalf on InCorp Services, Inc	C.		
	Name of Person			
	InCorp Services, Inc.			
· · · · · · · · · · · · · · · · · · ·	Firm/Company			
3773 How	ard Hughes Pkwy. · Suite 500S			
	Address	·		
Las	s Vegas, NV 89169-6014			
	City/State and Zip Code	`		
documents	@incorp.com			
E-mail address:	(to be used for future annual report	notification)		
For further information	on concerning this matter, please call	l :		
ricia Reyes on behall	of InCorp Services, Inc. at 800-	246-2677		
	e of Person	Area Code & Daytime Telephone Numb		
70.87 484 A 4		•		

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

H22000281039 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LUMITED 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.

(B) 14 N	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) New Milford, CT 06776	,,	st Street, STE C201 Mailing address of limited liability company:
	New Milford, CT 06776	New Milfo	(Note: MAY BE POST OFFICE BOX)
_			ord, CT 06776
11	1/08/2005	L0500010	08661
_	Date of filing/registration in Florida	4.	Document number
(a) Si	tuart L. Longman		
	egistered Agent and Registered Office shown on the records of the	ne Florida Dept. of Sta	te:
39	92 Cedar Creek Road		
Re	egistered Office Address MIST BE FLORIDA STREET A	DDRESS)	_
_			_
P	alatka .FL	32177	202
(V)	Corp Services, Inc. Iter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Mice address:	AN FILE 2022 AUG 19 SECREDARY ALL MIASSES
1	7888 67th Court North		
	EW Registered Office Address:		AM 8: 31
Lo	oxahatchee , FL	33470	_

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