L05000 11/39/

| (R | equestor's Name) | · · | |
|---|---------------------|--------------------|--|
| (A | ddress) | | |
| (A | ddress) | | |
| (C | ity/State/Zip/Phone | > #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
MAR 1 9 2009
EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: WHR Holdings, LLC | | |
| (Name of Limited Diability Company) | | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Michael Malo (Name of Person) | | |
| WHR Holdings, LLC (Firm/Company) | | |
| 2821 Evans 8treet | | |
| Hally wood FL 33020 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| (Name of Person) at (94) 342-4344 (Area Code & Daytime Telephone Number) | | |
| STREET/COURTER 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 amount: | | |
| \$25 Filing Fee \$25 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 company submits the following statement in order to changin the State of Florida. | , Florida Statutes, the undersigned limited liability ge its registered office or registered agent, or both, |
|--|---|
| 1. Name of the limited liability company: | Holdings, LLC |
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | 2821 Evans Street Holywood, FL 33020 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 2821 Evans Street Howwood, pe 33000 |
| 11/17/2005 3. Date of filing/registration in Florida | LD5 000 11 39 |
| 5. (a) Registered Agent and Registered Office shown on t | he records of the Florida Dept. of State: |
| Registered Agent: | Postler, Charles A ESQ |
| Registered Office Address: | 110 East Madison Stree Jule 200 Tampa Pl 33602 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> | V Registered Office address: |
| NEW Registered Agent: | 2021 Elas Street |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 2821 Evans Street Dolywood, FL 33020 |
| If the limited liability company is not organized under the latter the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. | address of the registered office and the business see of a Florida limited liability company, it is |
| (Signature of a magniber or authorized representative of a member) 3/3/39 Michael Pra | chen |
| (Printed or typed name of signee) I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the program familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified | gree to act in this capacity. I further agree of sper and complete performance of my duties, and significant as proyided for in Chapter all and specific address, I hereby a line of this change. |
| (Signature of Registered Agent) | S A |
| Division of Corporations, P.O. Box FILING FEE: | |

INHS18 (05/08)