LIMUUU01513

HOLCOMB & LEUNG, P.A. ATTORNEYS AND COUNSELORS AT LAW 3203 WEST CYPRESS STREET TAMPA, FLORIDA 33607-5109 (City/State/Zip/Phone #)						
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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.

1. N	ame of the limited liability company: W.I. Commerc	cial Sat	oal Park,	LLC		
2. (a)	9105 Sabal Industrial Blvd.	(h	(b) 9105 Sabal Industrial Blvd.			
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (,	Mailing address of limited liability corn (Note: MAY BE POST OFFICE BE		
	Tampa, FL 33619		Tampa,	, FL 33619		
	01/05/2006		L060000	001513		
3.	Date of filing/registration in Florida	4.		Document number		
5 (6)	Larry Segal					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	ate:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<u>.</u>	
	3321 Henderson Blvd.	- - :	T			
	Tampa	33609				
		'			<u></u>	
(b)					*** 1°** *** 1°** *******	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		<u>ਤ</u>	
					တ	
	NEW Registered Office Address:			_		
	3203 W. Cypress St.		·			
	Tampa	00007				
	Tampa , FI	33607	······································			
the character agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the reginability confirmed limited	stered offic ompany, it nited liabili liability co	ce and the business office of the resistance is hereby confirmed that the character company or as otherwise proven pany.	egistered ige(s) ided in	
	ature of a member of authorized representative of a member	\leq	GNT	OS GONZALET Printed or typed name of signee	<u>z</u>	
I here provis the ob to mer notifie	thy accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I dim writing of this change.	ree to ac perform ed for in (hereby c	t in this cap ance of my Chapter 60 onfirm that	,,	with the nd accept ing filed s been	