## L06000014481

(Re	equestor's Name)				
(Address)					
(Ad	ldress)	<del>.</del>			
(Cit	ty/State/Zip/Phon	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
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SECRETARY OF STATE
ANI ANASSEE, FLORIDA

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## **COVER LETTER**

TO:	Registration Section				
	Division of Corporations				
	TOTAL MAIN	۸۵۵		:c 11.0	
SUBJECT: WB ASSOCIATES, LLC  Name of Limited Liability Company					
	Name of Li	imitea	ыаоппу	Company	
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered Of	ffice (	Change and	d fee(s) are	e submitted for filing.
Please	e return all correspondence concerning t	his m	atter to the	following	g;
	<b></b>				
Dianne Ward Name of Person					
	Name of Ferson				
	WELBRO Building Corporation	n			
	Firm/Company				
	2301 Maitland Center Parkway, Su	iite 25	in		
Address					
	• • • • • • • • • • • • • • • • • • • •				
	Moitland El 22751			•	
	Maitland, FL 32751 City/State and Zip Code				
	511 <b>,</b> 2411				
	dward@welbro.com				
E-mail address: (to be used for future annual report notification)					
E 6:	orther information concerning this matte	ar nla	aca aalle		
ror Iu	irther information concerning this matte	я, ptet	ise can.		
	Dianne Ward	at (	407 )		475-0800
	Name of Person	_ at (		a Code & Day	rtime Telephone Number
	STREET/COURIER ADDRESS: MAILING ADDRESS:  Pagistration Section				
	Registration Section				
	Division of Corporations	P.O. Box 6327			
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314				
	Tallahassee, Florida 32301		i alialk	40300, I'10III	<u>ци 747 ГТ</u>
Enclosed is a check for the following amount:					
		B			
	\$25 Filing Fee		\$55 I	filing Fee	& Certified Copy

## CTATEMENT 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.

Name of the limited liability company:	WB ASSOCIATES, LLC			
2. (a) Principal office address of limited liability compan	y: 2301 Maitland Center Parkway			
(Note: MUST BE STREET ADDRESS)	Suite #250 Maitland, Florida 32751			
(b) Mailing address of limited liability company:	2301 Maitland Center Parkway			
(Note: MAY BE POST OFFICE BOX)	Suite #250 Maitland, Florida 32751 5			
02/09/2006	L06000014報 差 丁			
<ul><li>3. Date of filing/registration in Florida</li><li>5. (a) Registered Agent and Registered Office shown on</li></ul>	4. Document number the records of the Florida Dept. of Some:			
Registered Agent:	A.G.C. Co.			
Registered Office Address:	200 S. Orange Avenue, Suffe 2300 Orlando, Florida 32801			
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	CW Registered Office address:			
<u>NEW</u> Registered Agent:	Gary E. Brown			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2301 Maitland Center Parkway, #250			
MUSI DE FLORIDA STREET ADDRESS	Maitland ,FL 32751			
If the limited liab/lity company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization			
GARY E. BROWN				
Printed or typed name of signee	<del></del>			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familian with and accept the obligations of my parties to the parties of the	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for inverely reflect a change in the registered office ny has been notified in writing of this change.			
Signature of Registered Representations R.O. Box 6	227 Tallahassaa El 22214			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				