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Phone : (307)200-2803

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## LLC REGISTERED AGENT CHANGE WDK ENTERPRISES, LLC

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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. Na	ame of the limited liability company: WDK ENTER	PRISES, ĽL	.C
2. (a)	371 Wheeler Ridge Rd.	(b)	371 Wheeler Ridge Rd.
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Dunlap, TN 37327		Dunlap, TN 37327
	06/01/2006		L06000057633
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	DONNA KNOX, LVP		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	371 Wheeler Ridge Rd.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	T MAY
			1 S 20
	Dunlap , FL	37327	_ mg
<i>-</i> 1.	Registered Agents Inc.		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	3030 N. Rocky Point Dr.	•	,
	NEW Registered Office Address:		Photography and the state of th
	STE 150A		
	Tampa . FI	33607	
the cha agent was/w the art	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 liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the limit tank.	f the registered ability compar of the limited l	doffice and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company.
_	sture of a member or authorized representative of a member		
I here provis the ob- to mer notifie	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered affice address, I d in writing of this change.	ree to act in the performance of for in Chapt hereby confir	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept for 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signati	are no Registered Argeni	•	

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

INHS18 (2/14)