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EXAMINER



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, 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:	WREM LLC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	2071 FLATBUSH AVE STE 22 BROOKLYN, NY 11234
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	2071 FLATBUSH AVE STE 22 BROOKLYN, NY 11234
8/14/06	L06000079940
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	INCORP SERVICES, INC.
Registered Office Address:	17888 67TH COURT NORTH LOXAHATCHEE, FL 33470
`	
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	INTERSTATE AGENT SERVICES, LLC
NEW Registered Office Address:	1540 GLENWAY DRIVE
(MUST BE FLORIDA STREET ADDRESS)	TALLAHASSEE .FL32301
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.	
ALEX ENGLARD - AUTHORIZED PERSON	TO AND THE
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address I hereby confirm that the limited liability company. Signature of Registered Agent.	T 13

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