Division of Corporations

210007/0018 Page 1 of 2

Florida Department of State

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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.

ume of the limited liability company: WG	PROPER	RTIES 7, L.L.(D	
Principal office address of limited liability		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
1400 US HIGHWAY 1 SOUTH		1400 US HIGHWAY 1 SOUTH		
ST. AUGUSTINE, FL 32084		ST. AL	JGUSTINE, FL 32084	
5/3/2007		L07000	047567	
Date of filing/registration in Flo	ida	4.	Document number	
PAUL W. HUND, III, M.D.				
	the records of the	Florida Dept. of S	tate:	
Registered Office Address (MUST BE FLOR)	DA STREET AL	DRESS)		
1400 US HIGHWAY 1 SOUTH			emb man	current.
ST. AUGUSTINE	, FL_3	2084		Lambium stemmer p §
ALAN S. GASSMAN, ESQ.			·•	TT.
Enter name of NEW Registered Agent and/or NE	W Registered O	ffice address:	STATE FLORID	O
NEW Registered Office Address:			_	
1245 COURT STREET, SUITE 10	2			•
CLEARWATER	FL 3			
ange or changes are inade, the Florida street will be identical. Or, in the case of a Florida cre authorized by an affirmative vote of the cles of organization or the operating agreet ture of a member or authorized representative of a new part of the appointment as registered at one of all statules relative to the proper a ligations of my position as registered agency reflect a change in the registered office	t address of the limited liable members of the liment of the limenter	ne registered off illity company, i the limited liabi mited liability c ALAN S. G	ice and the business office t is hereby confirmed that lity company or as otherwi- ompany. ASSMAN, AS AUTH. Printed or typed name of sig- anacity. I further agree to	of the registered the change(s) se provided in REP.
	Principal office address of limited liability (Nate: MUST BE STREET ADDR 1400 US HIGHWAY 1 SOUTH ST. AUGUSTINE, FL 32084 5/3/2007 Date of filling/registration in Flor PAUL W. HUND, III, M.D. Registered Agent and Registered Office shown on Registered Office Address (MUST BE FLOR) 1400 US HIGHWAY 1 SOUTH ST. AUGUSTINE ALAN S. GASSMAN, ESQ. Enter name of NEW Registered Agent and/or NE NEW Registered Office Address: 1245 COURT STREET, SUITE 10 CLEARWATER imited liability company is not organized to the group of the identical. Or, in the case of a Florier authorized by an affirmative vote of the cless of organization or the operating agreed will be identical. 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AUGUSTINE, FL 32084 PAUL W. HUND, III, M.D. Registered Agent and Registered Office shown on the records of the Florida Dept. of S Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1400 US HIGHWAY 1 SOUTH ST. AUGUSTINE ST. AUGUSTINE ALAN S. GASSMAN, ESQ. Enter name of NEW Registered Agent and/or NEW Registered Office address: 1245 COURT STREET, SUITE 102 CLEARWATER FL 33756 imited liability company is not organized under the laws of the State of inge or changes are made, the Florida street address of the registered office will be identical. 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AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084 5/3/2007 Date of filing/registration in Florida A. Document number PAUL W. HUND, III, M.D. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1400 US HIGHWAY 1 SOUTH ST. AUGUSTINE FL 32084 ALAN S. GASSMAN, ESQ. Enter name of NEW Registered Agent and/or NEW Registered Office address: 1245 COURT STREET, SUITE 102 CLEARWATER FL 33756 Imited liability company is not organized under the laws of the State of Florida, it is hereby confirming or changes are made, the Florida street address of the registered office and the business office will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that recompleted by an affirmative vote of the members of the limited liability company. ALAN S. GASSMAN, AS AUTH. Printed or typed name of signal agreement of the limited liability company. ALAN S. GASSMAN, AS AUTH. Printed or typed name of signal agreement of the member of the imited liability company. ALAN S. GASSMAN, AS AUTH. Printed or typed name of signal and agree to act in this capacity. I further agree to one of all statules relative to the proper and complete performance of my duties, and I am familiar grations of my position as registered agent and complete performance of my duties, and I am familiar grations of my position as registered agent and complete performance of my duties, and I am familiar grations of my position as registered agent and complete performance of my duties, and I am familiar grations of my position as registered agent and complete performance of my duties, and I am familiar in surving of this change.

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