107000063874

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity (varie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 5, 2020

RUTH KRONGRAD 12499 KEYSTONE ROAD NORTH MIAMI, FL 33181

- now rejistered agent SUBJECT: WR OFFICE CONDO, LLC

Ref. Number: L07000063874

We have received your document for WR OFFICE CONDO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

WHAT CHANGES ARE YOU MAKING

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 320A00004943

www.sunbiz.org

changing registered agent to me Breaux my resistered agent (BSPA) resolution. Thank you

COVER LETTER

TO: Registration Section Division of Corporations	
WR Office Condo, LLC SUBJECT:	
Name of Limite	d Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Ruth Krongrad	
Name of Person	
112m/C	<u> </u>
Firm/Company	
12499 Keystone Road	
Address	
North Miami, FL 33181	
City/State and Zip Code	
ruth.krongrad@gmail.com	
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please call:	
Ruth Krongrad 305	332-6800)
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
S25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

I. N	me of the limited liability company: WR Office Condo.	, LLC		
2. (a)	12499 Keystone Road	(b) <u>Same</u>	•	
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(\(\mathref{v}\))	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	North Miami, FL 33181			
3.	Jan 27, 2020 Date of filing/registration in Florida	4.) 7 0 0 00 63 8 7 4 Document number	
5. (a)	Durk himmourul Day A	zvie	_1	
	Registered Office Address MUST BE FLORIDA STREET A		d Swite 1000 AC	
	North Attention For Lavaulal		3330/ K	
	FI_			
(b)	Ruth Krongrad			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	2020	
	12499 Keystone Road		2020 APR	
	NEW Registered Office Address:		\$30 E	
	North Miami, FL 33181			
	-			
change agent v was/we the <u>arti</u>	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial authorized by an affirmative vote of the members of cless of organization or the operating agreement of the latest and the latest actions.	registered office bility company, if I the limited liab imited liability e	and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided i company.)
<u> </u>	lu Eroward was observed the presentative of a member	Ruth Krongra		
I herei provisi the obl to mere notifice	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the status of this change.	re to act in this coerformance of n for in Chapter 6 ereby confirm th	Printed or typed name of signee capacity. I further agree to comply with any duties, and I am familiar with and acc 605, F.S. Or, if this document is being finat the limited liability company has been	the cept led
	resorti Rugisterred Agent			