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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6333

From

Account Name : SAUL, EWING, ARNSTEIN & LEHR, LUP

Account Number : 120060000021 Phone : (561)833-9800

Fax Number : (561)655-5551

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: STEVEN.DANIELS@SAUL.COM

REGISTERED AGENT CHANGE WA II, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	WA II, LLC					
	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	nclosed Registered Agent Registered Offic	e Change and fe	ee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the fo	ollowing:			
Stev	en L. Daniels		_			
	Name of Person		_			
Saul	Ewing Arnstein & Lehr LLP					
	Firm/C ampany		-			
515	N. Flagler Drive, Suite 1400		_			
	Addruss		_			
Wes	it Palm Beach, FL 33401		_			
-	City/State and Zip Code		_			
	ren.Daniels@Saul.com					
_	E-mail address: (to be use I for future annu	ial report notific	cation)			
For fu	orther information concerning this matter,	please call:				
Stev	en Daniels	561	833-9800			
	Name of Perso 1		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: gistration Section ision of Corporations Box 6327 lahassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	☑ \$25 Filing Fcc	□ \$ 5	5 Filing Fee & Cortified Copy			
INHS	118 (2/14)					

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 liabilit	v company: WA II, LLC						
			(b)				<u></u>	
2. (a)	Principal office addre	ts of innited liability company:		(b)				i y : }
	1025 Gateway Blvo			1025 Gat	eway Blvd	., 303-307		
	Boynton Beach, FL	33426		Boynton	Beach, FL	33426		
	4/29/2008		!	_0800004	2955			
3.	Date of filing/r-	gistration in Florida	- 4	1	Document no	umber		
	-							
5. (a)	Registered Agent and Registe	red Office shown on the records of	The Florida	Dept. of State:			25	
	NRAI Services, Inc						2019 FEB	12222
	Registered Office Address	(MUST HE FLORIDA STREET	T ADDRESS			<u> </u>	93 .4	:302
	1200 S. Pine Island						<u>-</u>	12.00
	Plantation	, F	L_33324			TALL MASSIEF, FL	3 ₽	
						in.	<u>ب</u>	O
(b)	Supply Basista	red Ageni and/or NEW Register	ed Office ade	lress:			AM 9: 42	
	Enter name of NEW REPORT	CO HELIN WICHON				, ,		
	Steven L. Daniels							•
	NEW Registered Office Add							
	Saul Ewing Arnste	in & Lehr LLP, 515 N. F	lagier Dr.	#1400				
	West Palm Beach	, I	FL 33401					
the chagent	nange or changes are mad- will be identical. Or, in:	vis not organized under the loc, the Florida street address the case of a Florida limited i mative vote of the member the operating agreement of the control	laws of the of the regis	mpany, it is ited liability	s hereby con y company o ipany.	firmed that the second of the	he chang se provid	c(s) .
Sign	nature of a member or authorize	l representative of a member				ed name oि sign		• _\$1
the oil	eby accept the appointme sions of all statules relati bligations of my position trely reflect a change in the ed in writing of this chan	at as registered agent and a re to the proper and comple as registered agent as provi a registered office address,	agree to act ete perform ded for in (I hereby c	in this cape ance of my Chapter 605 onfirm that	acity. I furth duties, and I , F.S. Or, if the limited h	ner agree 10 c am familiar This docume Tability comp	comply with and with and is being the control of th	ith the i accept ng filed been
Signé	ware of Registered Agent	anut_						