## L08000062117

(Requestor's Name)
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PICK-UP WAIT MAIL
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TALLAHASSEE, FLORIDA

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B. KOHR

MAY 1 0 2011

**EXAMINER** 



ON SERVICE COMPART	
ACCOUNT NO.	: I2000000195
REFERENCE	: 766573 7782044
AUTHORIZATION	: Spullicenson = 3
COST LIMIT	: \$ 25.00
ORDER DATE : May 4, 2011	: 766573 7782044 : Squellice 2000 : \$ 25.00
ORDER TIME : 12:21 PM	
ORDER NO. : 766573-015	
CUSTOMER NO: 7782044	
~~~~	
CHANGE OF A	<u>GENT</u>
NAME: WRH GAINESVIL	LE HOLDING, LLC
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY	
CONTACT PERSON: Troy Todd	
	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.

1. Name of the limited liability company:	WRH GAIN	ESVILLE HOLDING, L	LC 24	
2. (a) Principal office address of limited li (Note: MUST BE STREET ADD)	ability company		YSTEMS, NC.	
(b) Mailing address of limited liability of (Note: MAY BE POST OFFICE)	company: BOX)	SAME		
06/25/2008		L08000062117		
3. Date of filing/registration in Florida	•	4. Document number		
5. (a) Registered Agent and Registered O	ffice shown on t	he records of the Florida Dej	pt. of State:	
Registered Agent:		NRAI SERVICES, INC	· ·	
Registered Office Address:		515 E. PARK AVE. TALLAHASSEE FL 32	2301 US	
(b) Enter name of <u>NEW Registered Ag</u> NEW Registered Agent:	ent and/or NEV	V Registered Office address  Corporation Service Co	_	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET A	DDRESS)	1201 Hays Street		
		Tallahassee	_,FL_32301	
If the limited liability company is not organ that after the change or changes are made, the office of the registered agent will be identiced by the confirmed that the change(s) was/we liability company or as otherwise provided in the change of a member of authorized representative of a new strength of the confirmed liability company.	he Florida street al. Or, in the ca ere authorized by in the articles of	address of the registered off se of a Florida limited liabili	fice and the business	
Michael A. Roy (Printed or typed name of signee)				
I hereby accept the appointment as register comply with the provisions of all statutes register familiar with and accept the obligations F.S. Or, if this document is being filed to me confirm that the limited liability company he Corporation Service Company BY: _/s/_TROY_TODD	ed agent and ag lative to the proi of my position of erely reflect a ci as been notified	gree to act in this capacity. I per and complete performan as registered agent as provid hange in the registered office in writing of this change.	further agree to ce of my duties, and I ed for in Chapter 608, address, I hereby	

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