## L08000110781

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Coples	Certificates	s of Status
Special Instructions to	Filing Officer:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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DEPAR PERK OF STATE JIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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FILED
2012 MAR -9 AM ID: 21
SECRETARY OF STATE

J. BRYAN

MAR 12 2012

**EXAMINER** 



ION SERVICE COMPANY						
	ACCOUNT NO.	:	12000000	0195		
	REFERENCE	:	125525	4328334		
	AUTHORIZATION	:	Levello	Reson	,	
	COST LIMIT	:	\$ 29.00			
ORDER DATE :	March 9, 2012	<b>-</b>		<b></b>		_
ORDER TIME :	1:10 PM					
ORDER NO. :	125525-010					
CUSTOMER NO:	4328334					
	CHANGE OF A		<u>T</u>	·	2012 MAR -9 SECRETARY TALLAHASS	TE
NAME:	WSB 1710, L.L	.C.			SEE, FLORIDA	ILED
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FII	JING:	·	
	TIED COPY STAMPED COPY					
CONTACT PERSON	: Doreen Wallace	e -	- EXT# 292	:8		

EXAMINER:

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: WSB 1710 L.L.C.	•	
(Name	of Limited 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	g this matter to the following:	
Enrique Hernandez, Esq.		,
(Name of Person)	<del></del>	
Procopio, Cory, Hargreaves & Savitch LLP	· ·	Task T
(Firm/Company)		强善
525 B Street, Suite 2200		FILEU MIO: 21 TAELAHASSEE, FLORIE TAELAHASSEE, FLORIE
(Address)		
San Diego, CA 92101		o. 21
(City/State and Zip Code)		P
For further information concerning this mat	ter, please call:	
Enrique Hernandez, Esq.	at ( 619 ) 238-1900	
(Name of Person)	(Area Code & Daytime Telephone Number)	)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
□ \$25 Filing Fce	☐ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

## 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: WSB 1710,	L.L.C.	<del></del>	
2. (a) Principal office address of limited liability compa ( <u>Note: MUST BE STREET ADDRESS</u> )	any: ONE S.E. THIRD AVENUE SUITE 2250		
	MIAMI, FL 33131	E /	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME	KIK BUILD	
		1. 13 C	
10/00/0000		90 PA	
12/02/2008		97	
3. Date of filing/registration in Florida	4. Document number	O.	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:		
Registered Agent:	AMKE REGISTERED AGENTS, L.L.C.	<del></del>	
Registered Office Address:	2250 SUNTRUST INTERNATIONAL CENTER, ONE S.E. THIRD AVENUE		
	MIAMI, FL 33131	<u> </u>	
NEW Registered Agent:	Corporation Service Company		
		<del></del>	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	<del></del>	
	Tallahassee ,FL 32301	<del></del>	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	reet address of the registered office and the bus	siness	
ENRIQUE HERNANDEZ	•		
(Printed or typed name of signee)	<del></del>		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the lam familiar with and accept the obligations of my position F.S. Ot, in this document is being filed to merely reflect confirm that the limited liability company has been notified.  By:  (Signature of Registered Appl)	l agree to act in this capacity. I further agree to reper and complete performance of my duties on as registered agent as provided for in Chap a change in the registered office address, I her led in writing of this change.	to s, and I ter 608, reby	
(Signature of Registered Agent) Corporation Service Company	ov 6227 Tallahaaraa El 22214		
Division of Corporations, P.O. Bo	JX 0347, Tahanassee, FL 32314		

FILING FEE: \$25.00

Doreen Wallace
INHS Assistant Vice President