## L09000032253

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
SEP 11 2009				

EXAMINER

Office Use Only



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08/26/09--01016--005 \*\*225.00

2009 SEP 10 PM 3: 04
SECRETARY OF STATE
ALLAHASSEF, FLORE

09 SEP 10 PM 3: 01



August 27, 2009

GEORGE KAUPER 3180 STIRLING ROAD HOLLYWOOD, FL 33021

SUBJECT: W CAPITAL GROUP 3320, LLC

Ref. Number: L09000032253

We have received your document for W CAPITAL GROUP 3320, LLC and your check(s) totaling \$225.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6094.

Letter Number: 009A00028914

Agnes Lunt Regulatory Specialist II

District of Compositions DO POV 6997 Tollohoggos Florida 39914

## **COVER LETTER**

TO:	Registration Section Division of Corporations	s			
SUBJ	ECT:	W CAPITAL GROUP 3320, LLC Name of Limited Liability Company			
Dear 9	Sir or Madam:				
The e	nclosed Registered Agent/	Registered Office Change and fee(s) are submitted for filin	g.		
Please	return all correspondence	e concerning this matter to the following:	2009 S		
	CAEOUG Name of Pers	TE LAUPER	2009 SEP 10 PI		
		n C	PH 3: 04		
	W CAPITAL	GROUP 50	ATE OF		
	Firm/Compar	ny			
	3180 STIRLIN Address	NG ROAD			
	HOLLYWOOD, City/State and Zig				
E-	kauper@gm mail address: (to be used for future	nail.com e annual report notification)			
For fu	rther information concerni	ing this matter, please call:			
	GEORGE.	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		DRESS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
•	Enclosed is a check for	the following amount:			
	\$25 Filing Fee	S55 Filing Fee & Certified Conv			

## 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.

Name of the limited liability company:	W CAPITAL GROUP 3320, LLC				
2. (a) Principal office address of limited liability company:					
(Note: MUST BE STREET ADDRESS)	3180 STIRLING ROAD HOLLYWOOD, FL 33021				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)	3180 STIRLING ROAD HOLLYWOOD, FL 33021				
04/02/2009	L09000032253				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Depth of State:					
Registered Agent:	JOSH BENNETT ARE ST T				
Registered Office Address:	440 N ANDREWS AVE				
	FT. LAUDERDALE, FL 33301				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
NEW Registered Agent:	GEORGE KAUPER				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3180 STIRLING ROAD				
MOST BE PLOKIDA STREET ADDRESS.	HOLLYWOOD ,FL33021				
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member					
-					
Printed or typed name of signee					
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of the Chapter 608, F.A. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.				

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

Signature of Registered Agent