## L09000061/38

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PICK-UP WAIT MAIL
(Business Entity Name)
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A. LUNT

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**EXAMINER** 



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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT:	W CAPITAL GROUP 2410, LLC  Name of Limited Liability Company	
	Name of Entitled Elability Company	
Dear Sir or Madam:	·	
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
G EORGE Name of Person	KAUPER	
W CAPITAL C		
3180 STIRLING Address	S ROAD	
HOLLYWOOD, City/State and Zip		
E-mail address: (to be used for future annual report notification)		
For further information concerning	g this matter, please call:	
GEORGE KA	PER at ( 954 ) 374-8944	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADD		
Registration Section	Registration Section Division of Corporations	
Division of Corporations Clifton Building	P.O. Box 6327	
2661 Executive Center Circl Tallahassee, Florida 32301	e Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 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 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:	W CAPITAL GROUP 2410, LLC		
2. (a) Principal office address of limited liability co	mpany:		
( <u>Note: MUST BE STREET ADDRESS</u> )	3180 STIRLING ROAD HOLLYWOOD, FL 33027		
(b) Mailing address of limited liability company:	(D) N		
(Note: MAY BE POST OFFICE BOX)	3180 STIRLING ROAD A THOUSE THE STIRLING ROAD A		
6/2 <b>3</b> /09	L090000611985 N		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:		
Registered Agent:	GEORGE KAUPER		
Registered Office Address:	4611 SOUTH UNIVERSITY DRIVE 405 DAVIE, FL 33328		
(b) Enter name of <u>NEW Registered Agent</u> and/on <u>NEW Registered Agent</u> :	or NEW Registered Office address:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	3180 STIRLING ROAD		
MOST BET EORIDA 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 pember or authorized representative of a member			
Printed or typed name of signee	<del></del>		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacity. I further agree to the 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.		

Signature of Registered Agent