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(Requestor's Name)							
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOV 12 2014 T. CARTER

LCC RA/ Rocharge

COVER LETTER

INHS18 (2/14)

TO:	FO: Registration Section Division of Corporations						
	2.11.sion of Corporations						
SUBJE							
	Name of Lin	nited Liability Company					
Dear Si	ir or Madam:						
The end	closed Registered Agent/Registered Office Char	ge and fee(s) are submitted for filing.					
Please	return all correspondence concerning this matter	to the following:					
PAMELA ANSELMO							
	Name of Person						
	HINSHAW & CULBERTSON LLP						
	Firm/Company						
	ONE EAST BROWARD BLVD., #1010						
	Address						
FORT LAUDERDALE, FL 33301							
	City/State and Zip Code						
E-mail address: (to be used for future annual report notification)							
For fur	ther information concerning this matter, please of	all:					
Pamela Anselmo at (954) 467-7900							
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 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 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	Name of the limited liability company: WCH SYNERGY INVESTMENTS, LLC						
2.	(a)			(b)				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	375 N. UNIVERSITY DRIVE			_	375 N. UNIVERSITY DRIVE			
		PLANTATION, FL 33324		_	PLAN	TATION, FL 3	33324	
3.		02/25/2010 Date of filing/registration in Florida		4.		00021469		
٥.						Document numb	CF	
5. (a)					-			
		Registered Office Address (MUST BE FLORIDA S	STREET AD	DRESS)			······································	
3111 STIRLING ROAD						ECRI		
		FORT LAUDERDALE,	, FL	3331	2	FILE ECRETARY LLAHASSE 4 OCT 27		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
PAMELA ANSELMO - Hinshaw & Culbertson NEW Registered Office Address:								
ONE EAST BROWARD BLVD., #1010								
		FORT LAUDERDALE	, FL	33301				
the age	cha ent w s/we	mited liability company is not organized under nge or changes are made, the Florida street ad will be identical. Or, in the case of a Florida litere authorized by an affirmative vote of the medical of organization of the operating agreement	dress of the mited liab embers of t	e registe ility com the limite	ered office apany, it is ed liability	and the business hereby confirme company or as of	s office of the registered ed that the change(s)	
 						CHEN		
		tire of a member or authorized representative of a memb				Printed or typed na	_	
pro the	visi obli mere	by accept the appointment as registered agent ons of all statutes relative to the proper and co- igations of my position as registered agent as ely reflect a change in the registered office add I in writing of this change.	and agree omplete pe provided f dress, I he	e to act in erforman for in Ch reby con	n this capa ice of my d apter 605, firm that th	city. I further as uties, and I am f F.S. Or, if this he limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been	
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent