L10000065362

(Re	equestor's Name)	
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(D.	and North and	
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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<u> </u>		

Office Use Only

B. KOHR
MAY 21 2012
EXAMINER



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2012 MAY 18 AM 10: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA

RECEIVED





ON SERVICE COMPANY.
ACCOUNT NO. : I2000000195
REFERENCE : 207824 7884509
AUTHORIZATION Spellenan
COST LIMIT : \$ 25.00
REFERENCE : 207824 7884509 AUTHORIZATION : Special Control of the
ORDER TIME : 9:18 AM
ORDER NO. : 207824-001
CUSTOMER NO: 7884509
CHANGE OF AGENT
NAME: WEPLAY GLOBAL, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Stephanie Milnes EXT# 2920

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: WEPI	LAY GLOBAL, LLC
2. (a) Principal office address of limited liability (<i>Note: MUST BE STREET ADDRESS</i>)	Melbourne, FL 32943
(b) Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	Melbourne, FL 32935
06/18/2010 3. Date of filing/registration in Florida	L10000065362 4. Document number
5. (a) Registered Agent and Registered Office sh	nown on the records of the Florida Dept. of State:
Registered Agent:	Biddix, Thomas E
Registered Office Address:	Melbourne, FL 32935
(b) Enter name of <u>NEW Registered Agent</u> an <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	d/or NEW Registered Office address: Corporation Service Company 1201 Hays Street
MUST BE FLORIDA STREET ADDRE	Tallahassee ,FL 32301
that after the change or changes are made, the Flor office of the registered agent will be identical. Or	nder the laws of the State of Florida, it is hereby confirmed rida street address of the registered office and the business, in the case of a Florida limited liability company, it is horized by an affirmative vote of the members of the limited articles of organization or the operating agreement of the
Maureen Cathell, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registered age comply with the provisions of all statutes relative am familiar with and accept the obligations of my F.S. Or, if this document is being filed to merely i confirm that the limited liability company has bee	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, and I position as registered agent as provided for in Chapter 608, reflect a change in the registered office address, I hereby in notified in writing of this change.

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

Sylvia Queppet, Assistant Vice President

INHS18 (05/08)

(Signature Register d Agent) Corporation Service Company