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Division of Corporations

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EXAMINER

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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 Floridu.

1. Name of the limited liability company:	WC EQUITY GROUP, LLC
2. (a) Principal office address of limited liability compa	ny: 1315 Ogkfield Dr
(Note: MUST BE STREET ADDRESS)	Brandon, FL 33511
(b) Mailing address of limited liability company:	Po Box 1633
(Note: MAY BE POST OFFICE BOX)	Brandon, FL 33509
9/10/10	L10000094902
3. Date of filing/registration in Plorida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	KURT WESTFIELD
Registered Office Address:	2603 BERMUDA LAKE DR. #203
	BRANDON, FL 33510
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	AGENTS AND CORPORATIONS, INC.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	300 FIFTH AVENUE SOUTH SUITE 101-330 NAPLES FL34102
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.	
Printed or typed nume of signee	20 NIE NDA
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filled to m address thereby confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in terety reflect a change in the registered office my has been notified in writing of this change.
Signature of Registered Agent	222 Tuli-Lacent WT 22214
Division of Corporations, P.O. Box 6	1327. I SHRDRISEC, FL 32514

FILING FEE: \$25.00