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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date:		02/06/2023	
	 -	Acc#I2016000007	- W: DW
Name:	WENDY	FAMILY LLC	
Document #:			
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Thank you!

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability c-submits the following statement in order to change its registered office or registered agent, or both, in the . Florida.

l. Na	ame of the limited liability company: WENDY FAM	ILY LLC		
2. (a)	1605 MIDDLE GULF DRIVE, GULFSIDE PL 122	(b) 1605 MIDDLE GULF DRIVE, GULFSIDE PL		
(,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX		
	SANIBEL ISLAND, FL 33957	1605 MH	DDLE GULF DRIVE, GULFSIDE PL	
	12/10/2010	1.1000012	0895	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	MCLAUGHLIN, WENDY B			
	Registered Agent and Registered Office shown on the records of	of the Florida Dept, of St	2023 FEB	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	1605 MIDDLE GULF DRIVE, GULFSIDE PL 122		— · · · · ·	
	SANIBEL ISLAND	FL. 33957		
(b)	C T Corporation System			
` .	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	-n -0	
	NEW Registered Office Address:			
	1200 South Pine Island Road		_	
	Plantation 1	-[, 33324 -[,	_	
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	laws of the State of F of the registered offi liability company, it s of the limited liabil	ce and the business office of the registe is hereby confirmed that the change(s) ity company or as otherwise provided i	
	Bella Kolar	Belia Ann Kola		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to merc notified	by accept the appointment as registered agent and a lons of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, in writing of this change. C T Corporation System	te performance of m	y duties, and I am familiar with and acc 05, F.S. Or, if this document is being fi at the limited liability company has been	
3y:	The state of the s		•	

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