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COVER LETTER

TO: Registration Section

Division of Corporations				
SUBJECT	WRD LEGACY PARK, LLC			
SOBJECT	Name of Limited Liability Company			
Dear Sir o	r Madam:			
The enclos	sed Registered Agent/Registered Office C	hange and fo	ee(s) are submitted for filing.	
Please retu	urn all correspondence concerning this ma	tter to the fo	ollowing:	
BRIAN .	J. AUNGST, JR.			
	Name of Person		_	
MACFA	RLANE FERGUSON & MCMULLE	N		
	Firm/Company			
205.00	, .			
625 CO	URT STREET, SUITE 200	· · ·	_	
	Address			
ČLEAR\	WATER, FL 33756			
	City/State and Zip Code		-	
bja@ma	ocfar.com			
E-ma	ail address: (to be used for future annual re	eport notific	ation)	
For further	r information concerning this matter, pleas	se call:		
BRIAN J	J. AUNGST, JR.	727	441-8966	
	Name of Person		Area Code & Daytime Telephone Number	
Re Di CI 26	FREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314	
E	Enclosed is a check for the following amount:			
· · • •	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy	
INHS18 (2/	/14)			

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. N	ame of the limited liability company: WRD LEGAC	CY PAR, LLC	
2. (a)	123 COULTER AVENUE	(b) 123 COULTER AVENUE	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 200	SUITE 200	
	ARDMORE, PA 19003	ARDMORE, PA 19003	
	10/23/2011	L11000117236	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	, JAMES N. POWELL		
5. (u)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of State:	
	ONE PROGRESS PLAZA		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	
	SUITE 1210		
	ST. PETERSBURG		
(b)			
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	MACFARLANE FERGUSON & MCMULLEN	d Office address:	
	NEW Registered Office Address:		
	625 COURT STREET, SUITE 200	_ 	
	CLEARWATER ,FL	_L 33756	
If the	limited lightlity company is not considered and a started		
the ch agent was/w	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registere liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in e limited liability company.	
/	1 61.	BENJAMIN WILLNER	
-	ature of a member or authorized representative of a member	Printed or typed name of signee	
I here provis the ob to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide selv reflect a change in the registered office address, I do in writing of this change.	gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been	
Signati	ure of Registered Agent		

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