111000/43600

(Requestor's Name)					
(Address)					
` ,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
definited doubles					
Special Instructions to Filing Officer:					

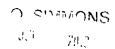
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TILE U
SECRETARY OF STATE



COVER LETTER

TO: Registration Section

Divi	sion of Corporations				
SUBJECT:	WRDC ENTERPRISE I LLC				
30202011	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to the fo	Howing:		
BRIAN J.	AUNGST, JR.				
	Name of Person		-		
MACFARI	ANE FERGUSON & MCMU	LLEN			
•	Firm/Company		•		
625 COUF	RT STREET, SUITE 200				
	Address		-		
CLEARW	ATER, FL 33756				
	City/State and Zip Code		•		
bja@macf	ar.com,				
E-mail	address: (to be used for future ann	ual report notifica	ation)		
For further in	nformation concerning this matter,	please call:			
BRIAN J.	AUNGST, JR.	727	441-8966		
	Name of Person	_	Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	SEET/COURIER ADDRESS: Istration Section Sion of Corporations On Building Executive Center Circle Schassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section tion of Corporations Box 6327 hassee, Florida 32314		
Encl	Enclosed is a check for the following amount:				
2 \$2	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: WRDC ENTE	ERPRISE LLC		
2. (a)	25 DOCKSIDE LANE	(b) 123 COULTER AVENUE		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited li (Note: MAY BE POST (
	PMB 462	SUITE 200		
	KEY LARGO, FL 33037	ARDMORE, PA 19003		
	12/23/2011	L11000143600		
 (a) 	Date of filing/registration in Florida EVAN D. SEIF	4. Document number		
J. (a)	Registered Agent and Registered Office shown on the records of 2800 PONCE DE LEON BLVD.	the Florida Dept. of State:	N.	
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 1125	- · · ·	18	
(b)	MIAMI , FL	33134	FILED 1: 37	
	BRIAN J. AUNGST, JR.	SEL	6 6 6 CH O	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	MACFARLANE FERGUSON & MCMULLEN	33134 Office address:	: 31 : 31	
	NEW Registered Office Address:			
	625 COURT STREET, SUITE 200	 -		
	CLEARWATER, FL	33756		
the ch agent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ws of the State of Florida, it is hereby confifthe registered office and the business office ability company, it is hereby confirmed that of the limited liability company or as others.	e of the registered	
Sign	ature of a member or authorized representative of a member	Printed or typed name of s	ignee	
provis the ob to mei	eby 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 ely reflect a change in the registered office address, I din writing of this change.	ee to act in this capacity. I further agree t performance of my duties, and I am famili d for in Chapter 605, F.S. Or, if this docun hereby confirm that the limited liability con	o comply with the ar with and accept nent is being filed npany has been	
Signat	ure of Registered Agent			

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