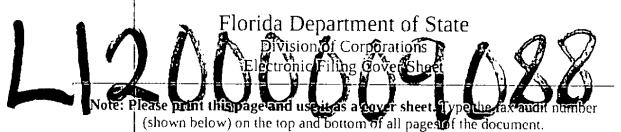
Division of Corporations



(((H240003348973)))



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Division of Corporations

Fax Number : (850)617-6383

From:

To!

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

Fax Number

: (307)200-2803 : (813)436-5206

\*Enter the email address for this business entity to be used for future ວເຊື່າຖ້າບລl report mailings. Enter only one email address please.\*\*

-- Email Address:\_

## LLC REGISTERED AGENT CHANGE WOLVERINE PROPERTY HOLDINGS, LLC

Certificate of Status	0
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M. SOLOMON OCT - 3 2024

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## Fax: 8134365206

## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	ame of the limited	liability company: W	OLVERINE PRO	PERTY	HOLDINGS.	LLC			
2. (a)	7901 4th St N STE	300		ſb	, 7901 4th S	St N STE 300			
(, ,		ce address of limited liabili MUST BE STREET ADD		_ ,,,	-	Mailing address of limit (Note: MAY BE POS	-		
	St. Petersburg, Ft	. 33702		_	St. Petersb	ourg, FL 33702		<del></del>	
	01/19/12			_	L120000090	188			
3.	Date of 1	iling/registration in Fl	orida	4.		Document number	•		
5. (a)	Immerfall, Matthey	/ 				_			
	Registered Agent and Registered Office shown on the records of the Flori 50 Forest Street  Registered Office Address				ESSS)				
	Windermere		, FL_3	34786		- 31 6,	P M		
(0)	Northwest Registered Agent LLC  Enter name of NEW Registered Agent and/or NEW Registered Office address:					1 4: 37   STATE	O		
	7901 4th St N								
	NEW Registered Of	lice Address				-			
	STE 300					•			
	St. Petersburg		FL_	33702		_			
the cha agent v was/we the art	ange or changes are will be identical. Our ere authorized by a icles of organization	npany is not organized made, the Florida str or, in the case of a Flo in affirmative vote of to on or the operating agr	eet address of the rida limited liable he members of the li	he regis pility co the lim imited l	stered office inpany, it is ited liability	c and the business of shereby confirmed y company or as other and the confirmed of the conf	office of the that the charmise pro	e registered lange(s)	
•		thorized representative of a				Printed or typed name	•	1 2.1 .1	
provisi the obi to mer	ions of all statutes	intment as registered relative to the proper ition as registered age e in the registered offi change.	and complete n	er tormi	ance of my a	duties and Lam fan	niliar with	and accent	
i- /V-	···	Taylor Newman	- Assistant Sec	cretary					
Signatu	ire of Registered Agent		_						
		Division of Corners	tions PO Re	nx 6327	• Tallahas	see FL 32314			

FILING FEE: \$25.00