

112000039139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

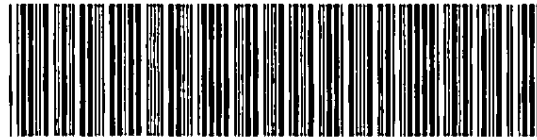
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

D. SCOTT

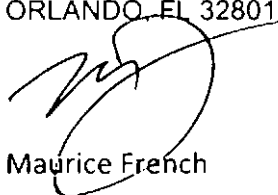
JAN 9 2018

To Whom It May Concern:

Ref: WILSHIRE ACQUISITIONS LLC

I want to remove CF Partnership Holdings as Registered Agent from Wilshire Acquisitions, LLC.  
and replace Registered Agent with Maurice French.

CF PARTNERSHIP HOLDINGS LLC  
480 N ORANGE AVE  
ORLANDO, FL 32801

A handwritten signature in black ink, appearing to be 'M. French', written over a horizontal line.

Maurice French

FILED  
2018 JAN -8 P 2:00  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wilshire Acquisitions, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maurice French

\_\_\_\_\_  
Name of Person

Wilshire Acquisitions, LLC

\_\_\_\_\_  
Firm/Company

1746 E Silver Star Rd, Ste 220

\_\_\_\_\_  
Address

Ocoee FL 34761

\_\_\_\_\_  
City/State and Zip Code

mauricesfrench@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
✓ Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**FILED**  
2018 JAN - 8 P 2:00  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: WILSHIRE ACQUISITIONS LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

480 N ORANGE AVE

1746 E Silver Star Rd, Ste 220

ORLANDO, FL 32801

Ocoee, FL 34761

03/20/2012

L12000039139

3. \_\_\_\_\_ Date of filing/registration in Florida 4. \_\_\_\_\_ Document number

5. (a) \*\*\*REMOVE: CF PARTNERSHIP HOLDINGS LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

\*\*ADD: MAURICE FRENCH

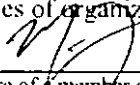
NEW Registered Office Address:

1746 E SILVER STAR RD, STE 220

OCOE, FL 34761

FILED  
2018 JAN -8 P 2:00  
TALLAHASSEE, FLORIDA

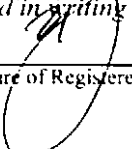
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MAURICE FRENCH

\_\_\_\_\_  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

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