Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : PCA000000023

Phone Fax Number

: (850)222-1092 : (850)878-5368

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

Email Address:_

LLC REGISTERED AGENT CHANGE WSC NAPLES, LLC

Certificate of Status	0
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JUL - 8 2013

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Corporate Filing Menu

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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: WSC NAPLES, 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:
Dang Nguyen Name of Person
NRAI Corporate Services Inc
Firm/Company
2875 Michelle Dr Ste 100
Address
Irvine, CA 92606
City/State and Zip Code
É-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
Dang Nguyen 949 955-9585
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

I. Ne	me of the limited liability company: WSC NAPLES, LLC				
2. (a)	Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)	ny: 15360 Berranca Parkway Irvine, CA 92616	- R		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	15360 Barrance Parkway Invine, CA 92518			
3/27/20	12	L12000042357			
3. Da	ite of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of S					
	Registered Agent:	KRONENGOLD, JEFFREY ESQUIRE	·		
	Registered Office Address:	825 CORAL RIDGE DRIVE			
		CORAL SPRINGS, FL 33071			
(6	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	NRAI Services, Inc.	<u>css</u> :		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1200 South Pine Island Road			
	(MUSI BE FLORIDA STREET ADDRESS)	Plantation	,FL 33324		
confinand the inthe or	limited liability company is not organized under the rmed that after the change or changes are made, the ne business office of the registered agent will be ide ity company, it is hereby confirmed that the change embers of the limited liability company or as otherwhere the company of the limited liability company. Authorized representative of a member Authorized Lev.	Florida street address of the ntical. Or, in the case of a Fl s) was/were authorized by a vise provided in the articles of	registered office lorida limited n affirmative vote of		
Printe	d or typed name of signee				
I her comp and I Chap addre	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the p am familiar with and accept the obligations of my t ter 608, F.S. Or, if this document is being filed to h sss, I hereby confirm that the limited liability compa	l agree to act in this capacity proper and complete perform position as registered agent on nerely reflect a change in the uny has been notified in writi	l further agree to lance of my duties, as provided for in registered office ng of this change.		

Signature of Registered Agent