

**112 000 162 045**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H14000034690 3)))



H140000346903ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

2014 FEB 12 PM 2:20  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*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  
WRD FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FEB 13 2014  
T CLINE

RECEIVED  
14 FEB 12 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WRD FLORIDA, 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:

Linda Carville  
Name of Person

WRD FLORIDA, LLC  
Firm/Company

3461 BONITA BAY BLVD., STE 202  
Address

BONITA SPRINGS, FL 34134  
City/State and Zip Code

locarrol@maine.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Carville at ( 207 ) 799-9196  
Name of Person 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

INHS18 (12/13)

FILED  
2014 FEB 12 AM 9 20  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
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, 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: WRD FLORIDA, LLC

2. (a) Principal office address of limited liability company: 3461 BONITA BAY BLVD., STE 202  
BONITA SPRINGS, FL 34134  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company:  
\_\_\_\_\_  
*(Note: MAY BE POST OFFICE BOX)*

12/20/2012  
3. Date of filing/registration in Florida

L12000162045  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: COULOMBE, PAUL G

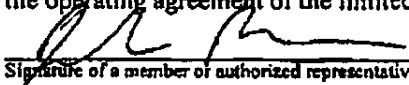
Registered Office Address: 3461 BONITA BAY BLVD., STE 202  
BONITA SPRINGS, FL 34134

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

NEW Registered Agent: C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road  
*(MUST BE FLORIDA STREET ADDRESS)*  
Plantation, FL 33324

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

Jordan BROWN  
\_\_\_\_\_  
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.*

By: \_\_\_\_\_  
Signature of Registered Agent

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

INHS18 (12/13)

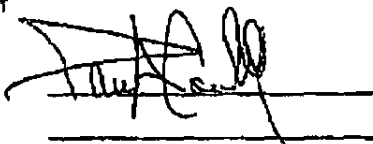
**Power of Attorney**

NOTICE IS HEREBY GIVEN THAT TPI, LLC ("the company"), a limited liability company registered under the laws of MAINE, does hereby appoint Crystal McKenzie, Christine Rein, Kelly Lettmann, Michelle Donato, Mandy Hendricks, Darsh Jeffers, Russell Kopp, Collin Menkhua, Alan Stachura, Dana Young, Britni Wige, Eric Franceschi, Sarah Rowelle, Ryan Nelton, Natalie Pickett, and Traci Houck, Kasey Judd and Jordan Brown (but only for so long as each of them, respectively, remains an employee of CT Corporation or an affiliate thereof) as attorney-in-fact for the company to act for the Limited Liability Company and affiliates and subsidiaries of the company attached hereto as Exhibit A, specifically incorporated herein by reference ("the Subsidiaries") in the Limited Liability Company's and Subsidiaries' names for the limited purposes authorized herein.

The Limited Liability Company and Subsidiaries hereby grants its attorney-in-fact the power to execute the documents necessary to file annual reports, annual registrations, and forms of similar import on behalf of the Limited Liability Company and Subsidiaries in any state and the District of Columbia.

This Power of Attorney expires when revoked by the Company or Subsidiaries.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the 13<sup>th</sup> day of January 2014

  
\_\_\_\_\_

Sworn to and subscribed before me  
this 13<sup>th</sup> day of Month, Year. January 2014

Notary Public, State of Enter State Here  
Commission Expires: M/D/YYYY  
Florida, Lee County 01-13-2014





2014 FEB 12 PM 8:20  
RECEIVED