

L13 00000 20884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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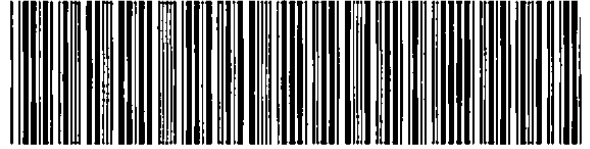
(Business Entity Name)

(Document Number)

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2021 SEP -2 AM 10:01  
SEC. OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WC WH 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:

MICHAEL P. MAYORAL, ESQ.

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

PEREZ MAYORAL, P.A.

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

2600 Douglas Rd: Suite 1007

\_\_\_\_\_  
Address

Coral Gables, FL 33134

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

MMAYORAL@PMLAWFLA.COM

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

For further information concerning this matter, please call:

MICHAEL P. MAYORAL

at ( 305 )

928-1977

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

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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comp. submits the following statement in order to change its registered office or registered agent, or both, in the State of Flor*

1. Name of the limited liability company: \_\_\_\_\_

2. (a) <u>1521 ALTON RD</u> Principal office address of limited liability company: <i>(Note: <b>MUST BE STREET ADDRESS</b>)</i> <u>#151</u> <u>Miami Beach, FL 33139</u>	(b) <u>1521 ALTON RD</u> Mailing address of limited liability company: <i>(Note: <b>MAY BE POST OFFICE BOX</b>)</i> <u>#151</u> <u>Miami Beach, FL 33139</u>
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3. \_\_\_\_\_ Date of filing/registration in Florida      4. \_\_\_\_\_ Document number

5. (a) Clyne, Reginald J. Esq.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
9300 South Dadeland Blvd  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
4th Floor  
Miami, FL 33156

(b) Michael P. Mayoral  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
2600 Douglas Rd.  
**NEW** Registered Office Address:  
Suite 1007  
Coral Gables, FL 33134

**FILED**  
2021 SEP -2 AM 10:01  
SECT. CLERK OF STATE  
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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.

*Gina Louise Lopez*

Signature of a member or authorized representative of a member

Gina Louise Lopez

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.*

*Mike Mayoral*

Signature of Registered Agent

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