## 13000082831

(Requ	uestor's Name)	
(Addr	ess)	
(Addı	ess)	· · · · · · · · · · · · · · · · ·
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doce	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer	· <del>-</del> "
Special instructions to Fi	ing Oncer.	
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Office Use Only



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D. BRUCE JAN 0 5 2017

## **COVER LETTER**

TO:	Registration Section Division of Corporations	%	<b>,</b>		
SUBJ	ECT: WSHM Management, LLC				
	Nai	ne of Limited	d Liability Company		
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered Of	fice Change a	and fee(s) are submitted for filing.		
Please	e return all correspondence concerning th	is matter to t	the following:		
Nand	cy Davis				
	Name of Person				
Regi	stered Agents Legal Services, LL	С			
	Firm/Company				
1013	3 Centre Rd, Ste 403S				
	Address		<del></del>		
Wilm	nington, DE 19805				
	City/State and Zip Code		<del></del>	7A1	
rbrie	r@comcast.net			2017 JAN - 3 SECRETAR TALLAHASS	1
	E-mail address: (to be used for future an	nual report no	otification)	7007	į.
For fu	orther information concerning this matter	, please call:		THE TO	FILED
Nand	cy Davis	800 at (	400-6650	I: II	
	Name of Person	at (	Area Code & Daytime Telep	phone 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	g amount:			
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy	,	

INHS18 (2/14)

## 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. Na	me of the limited liability company: WSHM Mana	gemen	t, LLC			
2. (a)	WSHM Management, LLC	ſì	)	_		
<b>4</b> . ( <b>4</b> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- ``	,	Mailing address of limit		
	4 E. Lancaster Ave					
	Paoli, PA 19301					_
	06/07/2013		L1300008	82831		
3.	Date of filing/registration in Florida	4.		Document numbe	ī	
5. (a)	Corporation Service Company					
J. ( <del></del> )	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	e:		
	Corporation Service Company			_		
	Registered Office Address (MUST BE FLORIDA STREET) 1201 Hays Street	ADDRES	27		STORE STORE	-17
	Tallahassee, F1	32301		- -	JAN -3	
(b)	Registered Agents Legal Services, LLC			_	T T	[
	Enter name of NEW Registered Agent and/or NEW Registeres	Office n	<u>dress</u> :		記し	
	Registered Agents Legal Services, LLC			<b>-</b>	ROA I	
	NEW Registered Office Address:					
	155 Office Plaza Drive, Suite A PO Box 10	0662		<del></del>		
	Tallahassee FI	3230		_		
the chagent was/w the arr	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the authorized representative of a member or authorized representative of a member set of a description of all statules relative to the proper and complete stions of all statules relative to the proper and complete stions of my position as registered agent as providing the proper and complete to the proper and complete the prope	ws of the fine regisability of the limited	e State of Fl istered offic company, it nited liabilit liability cor obert Brier	ee and the business is hereby confirme ty company or as o mpany.  Printed or typed name	office of the registed that the change(s) otherwise provided in the of signee	n

Signature of Registered Agent

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