

L13000121373

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Mary Jo L. Whelan, Esq. LL.M.*  
*Attorney and Counselor at Law*  
*7 Benedict Place*  
*Greenwich, Connecticut 06830*  
*Telephone (203) 661-9488*  
*Facsimile (203) 625-9612*

December 28, 2016

**VIA UPS NEXT DAY AIR**

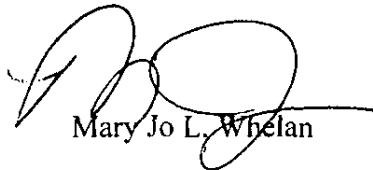
State of Florida  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: 118 Via Vizcaya, LLC

Dear Sir/Madam:

Enclosed please find Statement of Change for filing on behalf of the referenced Florida limited liability company, along with a check in the amount of \$25.00 which we believe to be the appropriate filing fee.

Sincerely,

  
Mary Jo L. Whelan

Encl.

Cc: Mr. William F.X. Moody

17 JAN -4 PM 3:39

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 118 Via Vizcaya 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:

William F.X. Moody

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

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

3 Pelican Lane

\_\_\_\_\_  
Address

Palm Beach, Florida 33480

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

williamfx.moody@wfp.com

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

For further information concerning this matter, please call:

Mary Jo L. Whelan, Esq.

at ( 203 )

661-9488

\_\_\_\_\_  
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 (2/14)

FILED  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA  
17 JAN -4 PM 4:40

**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: 118 Via Vizcaya LLC

2. (a) 3201 New Mexico Drive, Suite 220 (b) 3201 New Mexico Drive, Suite 220

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Washington DC 20016

Washington DC 20016

08/27/2013

L13000121373

3. Date of filing/registration in Florida

4. Document number

5. (a) Maura Ziska Esq

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

1500 Lakeview Avenue, Suite 1500

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

West Palm Beach, FL 33401

(b) William F.X. Moody

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

3 Pelican Lane

NEW Registered Office Address:

Palm Beach, FL 33480

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.

X William F. X. Moody  
Signature of a member or authorized representative of a member

William F. X. Moody

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.

X William F. X. Moody  
Signature of Registered Agent

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

17 JAN -4 PM 4:40  
TALLAHASSEE, FL 32314  
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