## L13000125453

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Filed NC				

Office Use Only



100433286311

SECRETARY OF STAIL

FILED

Rm 8/23/24

## COVER LETTER

	vision of Corporations				
SUBJECT	r: WWG HOCO Name of Limit	inss, LLc ted Liability Company			
Dear Sir o	r Madam:				
The enclos	sed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.			
Please rett	irn all correspondence concerning this matter to	o the following:			
	K. Alesin Willis Name of Person		ACCOMP	2024 AU	-
	Firm/Company		25 E	G 23	F
	Address  Pace t=L 325  City/State and Zip Code		SECRETARY OF COME	PH 4: 39	
	INA 4 ME Q g. mail, com lail address: (to be used for future annual report	notification)			
	er information concerning this matter, please ca				
	Alesia Willis at ( 3	950) 9/2 - 903 6 Area Code & Daytime Teleph	one Numbe	- er	
R C P	Aailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	iite 810		
F	Enclosed is a check for the following amount:	· ·			
C	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
INH\$18 (	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.

I. Nai		/V //_D	unes 16C
2. (a) _	7983 Chumuckla Huy  Principal office address of limited liability company:	-	· · · · · · · · · · · · · · · · · · ·
	( <u>Note: MUST BE STREET ADDRESS</u> )		(Note: MAY BE POST OFFICE BOX)
	Pace, FL 32571		Pace, FL 32571
3.	9/5/2013  Date of filing/registration in Florida	4.	L 1 3 0 0 0 1 2 5 4 5 3  Document number
		••	
5. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida Dept	t. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	7983 Chumueltla Ku	- <u>y</u>	
	Pace .FL		FIL 2024 AUG 23 SECRETAR ALLAHASS
			1-1
(b)	M. Alesia Willis		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	· · · · · · · · · · · · · · · · · · ·
	7983 Chumuckia Huy		· : 39
	NEW Registered Office Address:		<del></del>
	^		
	Pace FL	325	·71_
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the full be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registered of bility compa f the limited imited liabil	flice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
	ure of a member or authorized representative of a member		Dean E. Willis Printed or typed name of signee
	the state of the s		his agreein. I further garge to comply with the
provisi the obl to mero notified	ov accept the appointment as registered agent and agree on so fall statutes relative to the proper and complete pigations of my position as registered agent as provided ely reffect a change in the registered office address. I have a factorist of the change of this change.	performance I for in Chap areby confir	e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

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