L14000070960

(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								

Office Use Only



300374550593

2021 OCT 25 ACT 10: 29

2021 OCT 26 PH 3: 34

RARCICHE

OCT 27 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 159856 7779145

AUTHORIZATION :

COST LIMIT : \$ 25,000 Page

ORDER DATE: October 22, 2021

ORDER TIME : 3:04 PM

ORDER NO. : 159856-064

CUSTOMER NO: 7779145

••-----

CHANGE OF AGENT

NAME: CODINA WPCM, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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: CODINA WPCM	, LLC					
2.	(a)	2020 Salzedo Street, 5th Floor		(b)	2020 Sala	zedo Street, 5th Floor		
-	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·	(0)		Mailing address of limited liab (Note: MAY BE POST OF	-	-
		CORAL GABLES, FL 33134	_		CORAL G	GABLES, FL 33134		
		05/01/2014		L	_14000070	960		
3.		Date of filing/registration in Florida	4.	_		Document number		
5.	(a)	ROMERO, RAFAEL G						
٥.	(,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		2020 Salzedo Street, 5th Floor						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-		
							~ 3	
		CORAL GABLES	33134			-	û2T	
		, FL		_		-	===	
	(b .)						2021 OCT 26	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	dd	ress:	-		
							:0i HA	<u>'</u> :
		Corporation Service Company					\sim	5.00
		NEW Registered Office Address:				•	9	
		1201 Hays Street		_		_		
		Tallahassee FL_	32301					
cha age was the	inge ent w s/we artic	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register bility c f the lir imited	red on mit lia	l office and npany, it is ted liability ability com	I the business office of the hereby confirmed that the company or as otherwist pany.	ne registe. ne change	red e(s)
Signature of a member or authorized representative of a member				Jill Cilmi, Authorized Person				
					1.	Printed or typed name of sign		
pro the to n not	visie obli nere ifiea	y accept the appointment as registered agent and agre ms of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to ac perforn for in ereby c	t ii iar Ch	n this capa ice of my d iapter 605, ifirm that ti	city. I further agree to c luties, and I am familiar F.S. Or, if this docume he limited liability comp	omply wi with and at is being any has b	th the accept g filed een
	Ĺ	Droe, L-Kubly e of Registered Agent						
Sig Gra	natur ce E.	e of Registered Agent Kirby, Asst. Vice President of Corporation Service Company						

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