L14000128186

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
,					





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12/12/16--01024--021 **25.00

2016 DEC 12 PH T: 45

K. SALY DEC 13 2016

· COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WWB TRUST, LLC Name of Limited Liability Comp	any
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter to the following:	
Christian Herrardez Name of Person	
USREDA Firm/Company	
9200 Belsedue Road Unil 30 =	<u>.</u>
Solal Black, 71 33411 City/State and Zip Code	
Christing Hernandize used . C E-mail address: (to be used for future annual report notification)	ean .
For further information concerning this matter, please call:	
Christian Herranda at (561) 288	98568
	& Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301	ction corations

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

Name of the limited liability cor	npany: WWX	B TRU.	STILL	
2. (a) 9250 Belviku	e Pel	(b) <u>9</u> 2	O Beli	reduce Rd
Principal office address of I (Note: MUST BE ST	, ,]	_	mited liability company: POST OFFICE BOX)
110 to 101	,	1.1	nit 101	,
$\bigcap_{i \in \mathcal{I}} \bigcap_{j \in \mathcal{I}} \bigcap_{i \in \mathcal{I}} \bigcap_{i \in \mathcal{I}} \bigcap_{j \in \mathcal{I}} \bigcap_{i \in \mathcal{I}} \bigcap_{$			10)	0 1715211
Sorge Solm Sc	-h, +1 339//	15 14p	Malm f	Jack, 11 3391
08/15/2014		L14	1000128	7186
3. Date of filing/registr	ation in Florida	4.	Document num	ber
5. (a) Derrico, C	buil			
Registered Agent and Registered O	ffice shown on the records of the	e Florida Dept. of State	- e:	
9250 Beli	sedere (x)			
Registered Office Address (MU	ST BE FLORIDA STREET AL	DDRESS)	-	
Unit 101			•	
(No. 1/4) a. R.	. /	33411	~	
Stry laying pe	, FL_		_	2011 SE TAL
(b)				ES A TI
Enter name of NEW Registered A	zent and/or NEW Registered O	ffice address:	_	FIL 2016 DEC 12 SECRETARY SALLAHASSI
				الملاسمة يداينا
REGISTERED AGENTS	SINC.		_	PH SIA
NEW Registered Office Address:				95 5
3030 N. Rocky Point D)rive, STE 150A 			RIDE S.
Tampa	, FL	33607	_	
If the limited liability company is no	t organized under the laws	of the State of Flo	orida, it is hereby	confirmed that after
the change or changes are made, the agent will be identical. Or, in the car	Florida street address of the	he registered office	e and the busines	s office of the registered
was/were authorized by an affirmative	ve vote of the members of	the limited liabilit	y company or as	
the articles of organization or the ope	erating agreement of the li	•		,
Signature of a member or authorized repre		50Seph	Printed or typed na	
,				
I hereby accept the appointment as a provisions of all statutes relative to the obligations of my position as reg to merely reflect a change in the regnotified in writing of this change.	he proper and complete p istered agent as provided istered office address, I he	erformance of my for in Chapter 605 creby confirm that	acity. I jurther a duties, and I am 5, F.S. Or, if this the limited liabil	igree to comply with the familiar with and accept document is being filed lity company has been
Bill I	Havre/Assistant Secre	tary		

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

Signature of Registered Agent