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Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

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LLC REGISTERED AGENT CHANGE W1 CAPITAL, LLC

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PH

T. LEMIEUX

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	ame of the limited liability company: W1 Capital, LLC	<u> </u>						
2. (a)			(b)					
(2)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	М	•	s of limited li	•	
	5775 Collins Ave. Apt 303			5775 Collins	S Ave. Apt 3	303		
	Miami Beach, FL 33140			Miami Beac	h, 33140			
	02/12/2015		Ĩ.	1500002708	8			
3.	Date of filing/registration in Florida	_ 			Ocument r	number		
5. (a)	Corporation Company of Miami							
J. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida L	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(SS)</u>					
	525 Okeechobee Blvd, Suite 1100							
	West Palm Beach	33401				- S	2023	
	Dean Jernigan						ھے : : زر	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			TESS:			<u>, , , , , , , , , , , , , , , , , , , </u>	ĩ
						-		τ_
						•	т. Эх	
	NEW Registered Office Address:					-1 -	٦١ ٦١	
	5775 Collins Ave. Apt 303					-,		
	Miami Beach , FI	33140						
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members coles of organization or the operating agreement of the	registe ability of the li limited	com com imit d lia	office and pany, it is hed liability of bility comp	the busines nereby con- company o	ss office of firmed that	the regis	stered nge(s)
<u>/s/</u>	Dean Jernigan	D	ean .	Jemigan ————————————————————————————————————	N 1 . 1	1 6 .		
	ture of a member or authorized representative of a member					ed name of si	~	
provisi the obl to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to a perform d for in hereby	ct ii man i Ch con	n this capac ice of my du apter 605, I firm that th	ity. I furth ities, and I F.S. Or, if e limited li	er agree to am familia this docum ability com	comply rwith ai ent is be pany ha	with the nd accept ring filed s been
/s/ Signatu	Dean Jernigan re of Registered Agent							