L15000003458Z

(Requestor's Name)				
(Addross)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dusinger Fable Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: October 24, 2019

Order#: 020929/009

Re: WPCM KNOXVILLE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

١.	Na	me of the limited liability company: WPCM KNOXVIL	LE, LLC	<u>C</u>
2	(a)	7 E CONGRESS STREET SUITE 900A	(b)	7 E CONGRESS STREET SUITE 900A
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (")	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		SAVANNAH, GA 31401	_	SAVANNAH, GA 31401
		02/24/2015	_	L15000034582
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	GRAGG, K.LAWRENCE		
	(5.7)	Registered Agent and Registered Office shown on the records of the	e Florida I	Dept. of State:
		2020 SALZEDO STREET 5TH FLOOR		
		Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS)	2
				<u></u>
		CORAL GABLES . FL.	33134	
	(b)	Corporation Service Company		,
	٠.,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office addr	dress:
		1201 Hays Street		
		NEW Registered Office Address:		
		Tallahassee .FL_	32301	
the age wa	-chai ent w s/we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li	he registe pility con the limit	stered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
		Je & Gome	Jill Ci	Cilmi, Authorized Person
I I pro the to i	visio visio obli nere ined	we of member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change	erformai for in Cl veby con	mce of my duties, and Lam familiar with and accen-