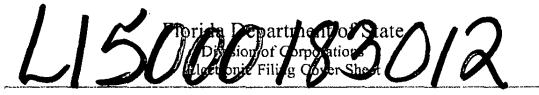
2016-10-26 15:16:10 CST

19542080845 From: Ranae McGraw

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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: (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

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WRDG BOULEVARD, LLC

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D. BRUCE OCT 28 2016

COVER LETTER

	egistration Section livision of Corporations		
SUBJEC	WRDG Boulevard, LLC		
00000		of Limited Liability Company	~
Dear Sir o	or Madam:		
The enclo	sed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please ret	urn all correspondence concerning this n	natter to the following:	
	Name of Person		
	. •		
	Firm/Company		
			201 1AL 1AL
	Address		2016 OCT 27 SECRETARY
			TAR)
	City/State and Zip Code		meg -
	nathan.barth@bankofamerica.com		F ST
E-ma	ail address: (to be used for future annual	report notification)	A II: 35 OF STATE E, FLORIDA
For furthe	r information concerning this matter, ple	ease call:	> 0
		et (
	Name of Person	Area Code & Daytime Telep	hone Number
Re Di CI 26	FREET/COURTER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
£ı	nclosed is a check for the following am	ount:	
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (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.

. (a)	100 N Tryon St.	(b) 100 N Tryon St.		
.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Charlotte, NC 28255	Charl	lotte, NC 28255	
	10/28/2015	L15000	0183012	
	Date of filing/registration in Florida	4.	Document number	
(a)	Registered Agent and Registered Office shown on the records of CHACK-ON, JOZETTE V	the Florida Dept. o	t' State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 201 E KENNEDY BLVD STE 600			
	TAMPA , FI.	33602	TA: 2	
			2016 OF ALLLAN	
(Ъ)	Enter name of NEW Registered Agent and/or NEW Registered		>를 즉	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	27 ARY SSE	
	C T Corporation System		may D	
	NEW Registered Office Address:		A II:	
	1200 South Pine Island Road		- 35	
	Plantation , FL	33324		
e char ent w as/we	mited liability company is not organized under the lavinge or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited light reauthorized by an affirmative vote of the members of cless of organization or the operating agreement of the	ws of the State of the registered of ability company of the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) ability company or as otherwise provided in company. Nathan A. Barth	
	ure of a member or authorized representative of a member		Printed or typed name of signee	
	ry accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ty reflect a change in the registered office address, I h in writing of this djanger		•	

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