## L15000213681

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/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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FEB 0 8 2016 Y SULKER COVER LETTER \$

то:	Registration Section Division of Corporations	:	•				
SUBJI	WW DEVELOPMENT & PF	ROPERTIES, LL	c				
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Of	fice Change and fe	e(s) are submitted for filing.				
Please	return all correspondence concerning the	nis matter to the fol	lowing:				
APRI	L WALLACE						
	Name of Person						
	Firm/Company						
PΩ	BOX 423083						
	Address						
Kieeir	mmee, Florida 34742						
	City/State and Zip Code						
	City/Baile and 25p Code						
E	E-mail address: (to be used for future an	nual report notifica	tion)				
For fur	ther information concerning this matter	r, please call:					
April '	Wallace	407 at (	908-0548				
	Name of Person		Area Code & Daytime Telephone Number				
	TREET/COURIER ADDRESS: egistration Section livision 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						
	Enclosed is a check for the following amount:						
	<b>△</b> \$25 Filing Fee	<b>\$55</b>	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.

1.	Na	ame of the limited liability company: WW Develop	ment &	Propertie	es, LLC	
2	(a)	433 Plaza Real #275	(h	(b) P.O. Box 423083		
۷.	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		Boca Raton, Florida 33432	<del></del>	Kissimm	nee, Florida 34742	
		December 29, 2015		L150002	13681	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Melonie Whitted				
٠.	(4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e:	
		433 Plaza Real #275			₽. <b> </b>	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			FEB :	
		Boca Raton, FL	33432			
(b)	(b)	April Wallace				
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			© 1	
		20 South Rose Ave				
		NEW Registered Office Address:			-	
		Suite 6			-	
		Kissimmee , FL	34741		_	
the age wa the	e cha ent v s/we arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member observed the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I is	the registability confirmation of the limited	stered office ompany, it is ited liability iability com il Wallace	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in mpany.  Printed or typed name of signce	
noi	прес	d'in writing of this change.  The state of Registered Agent	-	~		

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