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| (Re | equestor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to | Filing Officer: | · | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|------------------|
| WFI HOLDINGS I, LLC | | |
| | ne of Limited Liability Company | |
| Dear Sir or Madam: | , | |
| The enclosed Registered Agent/Registered Off | ice Change and fec(s) are submitted for filing | ; |
| Please return all correspondence concerning th | is matter to the following: | |
| Emily Smith | | |
| Name of Person | | |
| Paracorp Incorporated | | |
| Firm/Company | <u> </u> | - 2 |
| PO Box 160568 | | SECRLIFIE THE IS |
| Address | | ASS. |
| Sacramento, CA 95816 | : | ## 2 |
| City/State and Zip Code | | ORIDA |
| E-mail address: (to be used for future and | nual report notification) | |
| For further information concerning this matter, | please call: | TALLAR TALLAR |
| Emily Smith | 888 280.6563 | JL 2b |
| Name of Person | Area Code & Daytime Tele | phone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | A II: 50 |
| Enclosed is a check for the following | amount; | |
| 2 \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Cop | , |
| INHS18 (2/14) | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE $\dot{\phi}R$ 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

| Floride | l. | | | | | | |
|--|---|---|---|---|---|-------------------------|--|
| 1. Na | ime of the limited liability company: WFI HOLDING | GS I, L | ļc | | | | |
| 2.1(a) | | (t: | ń | | | | |
| ±. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | 390 N. ORANGE AVE., STE 1400 | | 1 390 N. C | DRANGE AVE. | , STE 1400 | | |
| | ORLANDO, FL 32801 | - - | ORLANI | DO, FL 32801 | | | |
| | 3/30/2016 | | L1600006 | 62503 | | | |
| 3. | Date of filing/registration in Florida | 4. | , | Document number | er | | |
| 5. (a) | B & C CORPORATE SERVICES OF CENTR | RAL FL | ORIDA | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of the | he Florida | i Dept. of State | •: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A 390 NORTH ORANGE AVE STE 1400 | DDRESS | <u></u> | _ | | | |
| | ORLANDO HI | 32801 | | | | | |
| (b) | Paracorp Incorporated Entername of NEW Registered Agent and/or NEW Registered of 155 Office Plaza Drive, 1st Floor NEW Registered Office Address: | Office ad | dress: | - | WILL 36 A II: 50 | FILED | |
| | Tallahassee | 32 | 301 | - | okio A | i) | |
| signal I here provisi the oblito mere | 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 liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law of a 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 in igations of my position as registered agent as provided by reflect a change in the registered office address, I have | rs of the the reginal individual | State of Floring State | e and the business is hereby confirme y company or as enables. Printed or typed name | office of the red that the chan otherwise provi | egistered ege(s) ded in | |
| | l'in writing of this change. Milton Vong, Assistant Secret re of Repusiered Agent | tary | | | | | |