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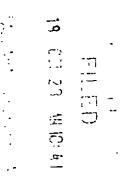
(Requestor's Name)								
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

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#: 020929/008

Re: WPCM HUNTSVILLE, 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 HUNTS	VILLE, LI	.C				<del></del>	
2.	(a)		(b)						
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		7 E CONGRESS STREET SUITE 900A	<del></del>	7 E CONGRESS STREET SUITE 900A					
		SAVANNAH, GA 31401		SAVANN	IAH, GA 31401				
		04/01/2016		L160000	64636				
3.		Date of filing/registration in Florida	4.		Document numb	рег			
5.	(a)	GRAGG, K. LAWRENCE							
	(/	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State					
		2020 SALZEDO STREET 5TH FLOOR				<u>.</u>	ċ		
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		-	•	<u>_</u>		
						<b>:•</b>	1-4 1-2		
		CODAL CARLES	22442		•		2	77	
	(b)	CORAL GABLES . FI.	. 33143		-	:	- Sec.	Ü	
		Corporation Service Company					ü		
•	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	•	•			
		1201 Havs Street			-				
		NEW Registered Office Address:							
		Tallahassee	, 32301						
the age was	cha nt v s/we	mited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist ability con at the limi limited li	ered office npany, it is ted liability ability con	and the business shereby confirmed company or as	s office ed that	e of the the cha	registered inge(s)	
S	gnat	ure of a member or authorized representative of a member			Printed or typed na	me of sig	gnee		
pro the to n no	visi obli nere ifici	ov accept the appointment as registered agent and autons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change	ree to act , performa d for in C hereby co.	in this cape nce of my c hapter 605 nfirm that i	ucity. I further a huies, and I am j , F.S. Or, if this the limited liabili	gree to familia docum ity com	compler with in ent is t pany h	y with the and accept peing filed as been	
Sig	natu	e of Registered Agent Corporation Service Company	BY: Gr	ace E. Kir	by, Asst. Vice l	Preside	ent		

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