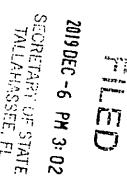
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	WHart, LLC CT:							
	Name of Limited Liability Company							
Dear Si	r or Madam:							
The end	losed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.					
Please r	return all correspondence concerning	g this matter to the	following:					
Rhett S	mith							
-	Name of Person							
	Firm/Company							
4205 A _l	ppaloosa Rd							
	Address							
Sebring	, FL 33875							
	City/State and Zip Cod	le	_					
Rhett14	114s@gmail.com							
E-	mail address: (to be used for future	annual report notifi	ication)					
For furt	her information concerning this mat	iter, please call:						
Rhett S	mith	863 at (781-3533)					
	Name of Person		Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the follow	ing amount:						
	\$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.

Na	me of the limited liability company: WHart, LLC						
	4205 Appaloosa Rd	(b)	4205 Ap	paloosa Rd			
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Sebring, FL 33875	(b)					
	11/16/2016	 !		0195			
	Date of filing/registration in Florida	4.		Document nu	umber		
(a)	UNITED STATES CORPORATION AGENTS, INC			_			
(b) _	Registered Agent and Registered Office shown on the records of 5575 S. SEMORAN BLVD	the Florida	Dept. of Sta	te:			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	_	.∽~.		
	Suite 36				HECH TA	~74	
	ORLANDO , FL	32822		_	2019 DEC -6 SECRETARY		
	Rhett Smith						
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	_	OF STATE SSEE, FL		
	4205 Appaloosa Rd				ATE ATE	ე ა	
	NEW Registered Office Address:			_			
	Sebring	33875		_			
	, FL	· 		_			
ange ent v as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative yote of the members of cles of organization or the operating agreement of the	registere ability con of the limi limited li	d office ar mpany, it i ited liabili	nd the business is hereby confi ty company or	s office of the re irmed that the cl	gistered hange(s)	
<i>Y /k</i> Signal	ture of a member or authorized representative of a member			Printed or type	ed name of signee		
ovisi e obl mere	by accept the appointment as registered agent and agrous 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, I if in writing of this change.	ee to act performa d for in C hereby co	in this cap nce of mv hapter 60. nfirm that	oacity. I furthe duties, and I 5. F.S. Or, if t the limited lia	er agree to comp am familiar with this document is ability company	oly with the and acce being file has been	