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TALL NIMES OF STATE

10/2/17

COVER LETTER

Division of Corporations		
SUBJECT: W CAP9+AU INVESTMENT CCC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MARIO AMADOR. Name of Person		
W CAPITAL INVESTMENT LLC. Firm/Company		
66 W FIASION ST # 915		
MIAMI, FLOVIDA, 33130 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
MARIO AMAJOR. at (305) 450 - 5737 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327		

Enclosed is a check for the following amount:

2661 Executive Center Circle

Tallahassee, Florida 32301

■ \$25 Filing Fee & Certified Copy

Tallahassee, Florida 32314

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. Name of the limited liability company: WCAPITAL INVE	STMENT
2. (a) 66 w FIASIR ST Principal office address of limited liability company: Mailin	ng address of limited liability company:
	ne: MAY BE POST OFFICE BOX)
<u> </u>	Flagier ST # 915
_	, FL. 33130
11/21/2016	· / · · · · · · · · · · · · · · · · · ·
	0212289
3. Date of filing/registration in Florida 4. Doc	cument number
5. (a) MANIO AMADOR	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
66 W Flasior ST # 915 MIAMI	TALISE TA
<u>MIAMI</u>	E G T
(b) MARIO AMADOR	19
(b) MAY(O F) MACO(C Enter name of NEW Registered Agent and/or NEW Registered Office address:	그 그
	D PH 12: 1 F CTATE F CRODA
	40A
NEW Registered Office Address:	·
66 W FIASIROST # 915	
miami .FL 32130	
If the limited liability company is not organized under the laws of the State of Florida the change or changes are made, the Florida street address of the registered office and	i, it is hereby confirmed that after I the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is her was/were authorized by an affirmative vote of the members of the limited liability con	eby confirmed that the change(s)
the articles of organization or the operating agreement of the limited liability compan	y.
Signature of a member or anthorized representative of a member Prin	nted or typed name of signee
Thereby accept the appointment as registered agent and agree to act in this capacity	. I further ourse to comply with the
provisions of all statutes relative to the proper and complete performance of my dutie the obligations of my position as registered agent as provided for in Chapter 605, F.S. to merely reflect a change in the registered office address, I hereby confirm that the l	s, and I am familiar with and accept S. Or, if this document is being filed
to merely reflect a change in the registered office address. I hereby confirm that the l notified in writing offinis change.	imited liability company has been
Signature of Registered Agent	
Division of Corporations • P.O. Box 6327 • Tallahassee,	FL 32314