

**117000011392**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((1120000248117 3)))



H200002481173ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617 6383

From:

Account Name : INCORP SERVICES INC  
Account Number : 1201200000007  
Phone : (702) 866 2500  
Fax Number : (702) 866-2689

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Docuemnts@incorp.com

**LLC REGISTERED AGENT CHANGE  
WADE FINANCING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2020 AUG -3 AM 9:09

RECEIVED

2020 AUG -3 AM 10:00



July 29, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

WADE FINANCING LLC  
33 WEST ONTARIO STREET  
SUITE 56AB  
CHICAGO, IL 60654

SUBJECT: WADE FINANCING LLC  
REF: L17000011392

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE CORRECT #2(A) TO REFLECT ONE(1) ADDRESS AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

FAX Aud. #: H20000248117  
Letter Number: 120A00014235

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WADE FINANCING LLC  
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:

Joanna Fernandez  
Name of Person

InCorp Services, Inc.  
Firm/Company

3773 Howard Hughes Pkwy Suite 500S  
Address

Las Vegas, NV 89169-6014  
City/State and Zip Code

documents@incorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanna Fernandez for InCorp Services, Inc. at ( 702 ) 866-2500  
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 following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: WADE FINANCING LLC

2. (a) 33 W Ontario Street, Ste 56AB

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Chicago, IL 60654

(b) 33 W Ontario Street, Ste 56AB

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Chicago, IL 60654

3. 01/13/2017

Date of filing/registration in Florida

4. L17000011392

Document number

5. (a) Gorden, Ginger L

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

19821 NW 2nd Ave Suite 413

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami Gardens, FL 33169

(b) InCorp Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

17888 67th Court North

NEW Registered Office Address:

Loxahatchee, FL 33470

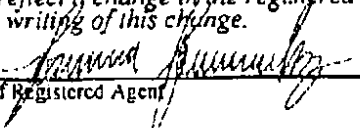
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Ginger Gordon

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

Joanna Fernandez on behalf of InCorp Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00