L17000 213304

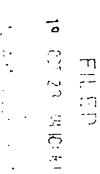
(Re	questor's Name)			
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PICK-UP	☐ WAIT	☐ MAIL		
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	cument Number)			
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Certified Copies Certificates of Status _				
Special Instructions to	Filing Officer:			

Office Use Only



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S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: FL DEPT OF FINANCIAL SERVICES ATTENTION: PAM EDENFIELD

From: Meghan Groom meghan.groom@cscglobal.com

Date: October 24, 2019

Order#: 020929/007

Re: WPCM HOMEWOOD, 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.

1. N	ame of the limited liability company: WPCM HOMEV	VOOD, LI	_C			
2. (a) _	7 E CONGRESS STREET SUITE 900A	(b)	7 E CC	NGRESS STREE	ET SUITE	900A
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SAVANNAH, GA 31401	-	SAVANN	JAH, GA 31401		
	10/13/2017		L170002	13304		
3.	Date of filing/registration in Florida	4.		Document numb	er	
5. (a)	GRAGG, K. LAWRENCE				- **	-1 0
(,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e:		
	2020 SALZEDO AVE 5TH FLOOR					37
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		-		FILED 23 #
					•	<u> </u>
	CORAL GABLES .FL	33134		-		5
				-		
(h) _	Corporation Service Company		_	•		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:			
	1201 Hays Street					
	NEW Registered Office Address:			-		
				-		
	Tallahassee Fi	32301				
	, FL	32301		•		
the cha agent v was/wa	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 lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registability cou of the limi	ered office upany, it is ted liability	e and the business s hereby confirme y company or as c	office of d that the	the registered change(s)
	Xiel & Gomes	Jill C	ilmi, Autho	rized Person		
Signa	ture of a member or authorized representative of a member			Printed or typed name	ne of signee	•
provisi the obl to merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. It is writing of this change	ee to act performa I for in C iereby co	in this cape nce of my c hapter 605 nfirm that	acity. I further as duties, and I am j , F.S. Or, if this a the limited liabili	gree to co amiliar w document ty compai	mply with the ith and accept is being filed ny has been
Signatu	re of Registered Agent Corporation Service Company	BY: Gr	ace E. Kii	by, Asst. Vice P	resident	