Division of Corporations

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12/15/2017

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Division of Corporations

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## LLC REGISTERED AGENT CHANGE UNITED TRADING LLC

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## Fav Audit # H17002890843

## 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

1. Na	ame of the limited liability company: UNITED TI	RADING L	.C	<b></b>
2. (a)	3929 Ponce De Leon 2nd Floor	(h	3929 Ролс	c De Leon 2nd Floor
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	M	siling address of limited liability company: (Note: MAY BE POST OFFICE BON)
	Coral Gables, Florida 33134		Coral Gab	les, Florida 33134
	12/11/2017		L170002520	055
3.	Date of filing/registration in Florida	4.	ŗ	Ocument number
5. (a)	WWTS LLC			
• • • • • • • • • • • • • • • • • • • •	Registered Agent and Registered Office shows on the records 848 BRICKELL AVE, 617	of the Florida	Dept. of State.	TEN BE
	Registered Office Address [MUST BE FLORIDA STREET	T ADDRESS	İ	200
	MIAMI	FL_ 33131		<i>U</i> 1 171 171 171 171
(b)	Business Filings Incorporated			93.7
	1200 South Pine Island Road  NEW Registered Office Address:			
	Planyation	FL_33324		
the char agent w was/we the artic	nited liability company is not organized under the age or changes are made, the filorida street address if between the limited for sulforized by an affigurative vote of the member cless of organization or the operating agreement of the operations.	of the regis liability co s of the lim he limited l	tered office a mpany, it is ited liability iability comp berto Cuadra	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  do, Member
Υ .	me of a member or authorized representative of a member			Printed or typed name of signee
I hereby provision the abli to mera notified	by alcept the appointment as registered agent and a bus of all statules relative to the proper and completed agent as providing of my position as registered agent as providing reflect a change in the registered office address, it is replace of this change.			
Signatur	e of Registered Agant Mark Williams, AVP, Busin	ness Filings	Incorporated	
		FEE: \$25.	00	
INHS18 (2/1	Fax Audil #	41700	032902	43