L18000000041

(Requestor's Name)				
(Address)				
(Address)				
(City/	State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
:				
Special Instructions to Fi	iling Officer:			

Office Use Only



900307940609

ûi/23/18--01008--014 **25.00

JAN 2 2 2018

TILED
2018 JAN 22 P 2: 2

D. SCOTT JAN 2 5 2018

COVER LETTER

TO: Registration Section Division of Corporations			
WING5, MLR LLC			
SUBJECT: Name of L	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	ter to the following:		
Meagan L. Reis			
Name of Person			
Firm/Company			
5078 SW 136 Avenue			
Address	•	2018 SEC	
Miramar, FL 33027		2018 JAN 22 SEURE BARY	TILE
City/State and Zip Code			'n
desiluprod@gmail.com		P 2:	7
E-mail address: (to be used for future annual re	port notification)	2: 20 INTE	
For further information concerning this matter, pleas	se call:	7	
Meagan L. Reis	305 904-5722		
Name of Person	Area Code & Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount	unt:		
■ \$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.

·lorida.				
. Nar	me of the limited liability company: WING5, MLR	LLC		
)	
(-/_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5078 SW 136 Avenue		5078 SW	/ 136 Avenue
	Miramar, FL 33027	_	Miramar.	, FL 33027
	01/02/2018		L1800000	00041
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
(-,	Registered Agent and Registered Office shown on the records of	the Florida	a Dept, of State	2:
	Desiree A. Miralles			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	27	-
	5078 SW 136 Avenue			_
	MIramar, F	33027		_
		•		-1. ~2
(b)	Enter name of NEW Registered Agent and/or NEW Registere			- ASS B T
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	<u>ldress</u> :	AHE M
	Meagan L. Reis			FILED 2018 JAN 22 P TALLAH ASSEE!
	NEW Registered Office Address:			
	5078 SW 136 Avenue			2: 21 FLORID
	Miramar	33027	,	00° -
	, F	L		
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the MOOON RULL	of the reg liability c of the lir	istered offic sompany, it i nited liabilit liability cor	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
-	ture of a member or authorized representative of a member			
provisi the obt to men	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, d in writing of this change.	gree to ac le perform led for in I hereby (ct in this cap nance of my Chapter 60, confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been
Signati	ire of Registered Agent			