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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. Na	me of the limited liability company: WWR Pr	oduc	ctions,	LLC				
2. (a)	3095 N. COURSE DR.	((b) 3095 N. COURSE DR.					
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(··· / <u></u>	Mailing address o	of limited liability co BE POST OFFICE			
	608		608					
	POMPANO BEACH, FL 33069	POMPANO BEACH, FL 33069						
	04/20/2018		L18000	0099882				
3.	Date of filing/registration in Florida	4.	•	Document nu	umber			
5. (a)	UNITED STATES CORPORATION AGENT	S, INC						
J. (a)	Registered Agent and Registered Office shown on the records of	fthe Florid	la Dept. of St	ate:				
	13302 WINDING OAK COURT				- 20			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>81</u>	_	SEC All	_		
	Α				2019 MAR 22 Secretar 1 ALLAHASI	API		
	Tampa	L 3361	2	<u> </u>	22 ASSE	AND FILED		
(b)	Registered Agents Inc.	· · · · · · · · · · · · · · · · · · ·			AM 9:	D YEO		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office a</u>	<u>ddress</u> :		28 121			
	7901 4th St N							
	NEW Registered Office Address:							
	STE 300							
	St. Petersburg	L_3370	2					
the cha agent y was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited 1 ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the $R_1 = \frac{1}{2} \frac{1}{2} \frac{1}{4}$.	of the reg iability c of the lin c limited	istered offi company, it mited liabil	ice and the busi t is hereby conf lity company or	iness office of th firmed that the cl	e registered		
Signa	nure of a member or authorized representative of a member		·	Printed or type	ed name of signee			
provis. the ob- to mer	by accept the appointment as registered agent and agent ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address. I d'in writing of this change. Bill Havre - Assistant	e perjori ed for in Thereby	nance of m Chapter 6 confirm the	apacity. I furthe y duties, and I 05, F.S. Or, if at the limited lid	er agree to com am familiar with this document is ability company	olv with the l'and accep being filed has been		

Signature of Registered Agent Bill Havie - Assistant Secretary

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Division of Corporations+ P.O. Box 6327+ Tallahassee, FL 32314 FILING FEE: \$25.00