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## LLC REGISTERED AGENT CHANGE THE W.P. AND MAUDE HAYMAN GP, LLC

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March 3, 2021

## FLORIDA DEPARTMENT OF STATE

THE W.P. AND MAUDE HAYMAN GP, LLC 1001 EASON STREET AUSTIN, TX 78703

SUBJECT: THE W.P. AND MAUDE HAYMAN GP, LLC

REF: L18000204617

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.

Wrong fax audit cover sheet. Should be a Change of Registered Agent.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator FAX Aud. #: H21000085164 Letter Number: 621A00004550

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY Pursuant to the provisions of results.

N	ame of the limited liability company: THE W.P. AN	D MAUD	DE HAYMAN GP, LLC
(a)			(b)
. •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- <del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
_	1001 Esson Street		1001 Eason Street
	Austin, Texas 78703		Austin, Texas 78703
•	8/27/2018		L18000204617
	Date of filing/registration in Florida	4.	Document number
	B&C Corporate Services of Central Florida, Inc.		,
(a)	Registered Agent and Registered Office shown on the records	of the Flo	orida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRI	ESS)
	390 North Orange Avenue Suite 1400		· ,
	Orlando	32801	1
		ւր	
(b)	Anthony W. Palma, Esquire		٠٠٠
(5)	Enter name of NEW Registered Agent and/or NEW Register	red Office	e address:
	390 North Orange Avenue		
	NEW Registered Office Address:		
	Suite 1400		
	Orlando	FL 3280	1
hangi gent ras/w ne art	e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membe icles of organization or the operating agreement of	the regis I liability rs of the the limite	the State of Florida, it is hereby confirmed that after the stered office and the business office of the registered of company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in ed liability company.  Carol Hayman
Sign	ture of a member of authorized representative of a member	_	Printed or typed name of signee
		agree to ete perjo idea for t	act in this capacity. I further agree to comply with the irmance of my duties, and I am familiar with and accep in Chapter 605, F.S. Or, if this document is being filed y confirm that the limited liability company has been



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INHS18 (2/14)